TO HOS

VS A15 (4) 15M 9/55

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0	1. PLACE OF DEATH o. COUNTY Baltimor
M)	b. CITY OR TOWN (If outside RURAL and give nearest to Dundalk
1	d. NAME OF HOSPITAL (IF no

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7668

CERTIFICATE OF DEATH

07654 Reg. Dist. No.

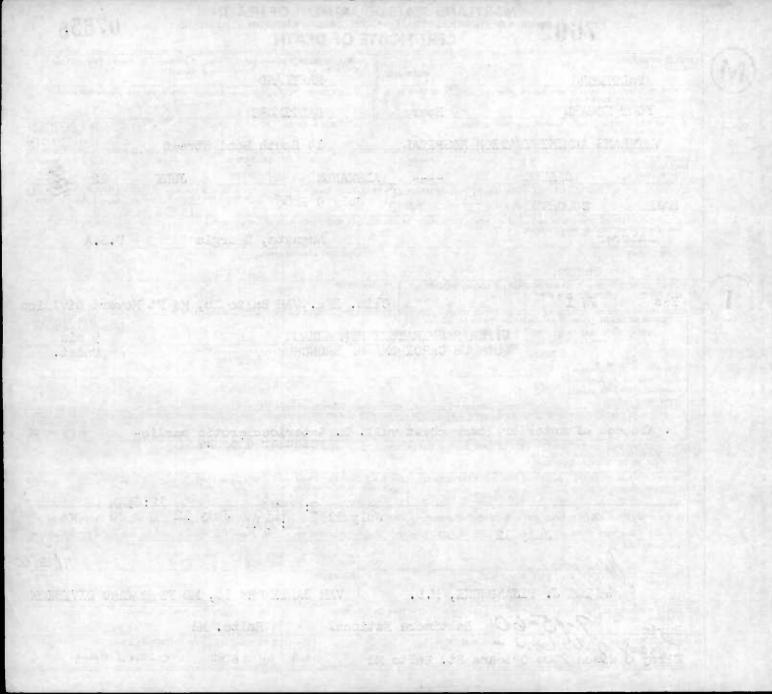
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvla	nd b. COUNTY	Baltin	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Par 1			
T	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS		nue	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) John	Middle ++++ Abr	Lost	4. DATE Mont	th I	
5.				9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
I	Barber Shop Prop.		n) Poland			
13						
()	no. or unknown) (If yes, give wor or dates of service)	216-32-7526				as #2
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	(1 11 11 11	11/13/13		
FICATION					EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pa	ort I or Port II of Item IS.)		
MEDICA	20c. TIME OF INJURY Month, Day, Year Pour o. m. 19 While of we	e Not while fo	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(Count	y) (Stote)
	1 / / = 2		accurred at 7:00	AM, fram the causes a ADDRESS (Street, city or town,	nd an the d	
				e 22, Marylan	ıd	
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest from) Dundalk (22) d. NAME OF DOTAL Holabird Avenue d. STREET ADDRESS G734 Holabird Avenue d. STREET ADDRESS G734 Holabird Avenue Total S. SER DOTAL GATE ON A FARMY FOR ADTE ON A FARMY TOTAL S. SER G. COLOR OR RACE T. MARRIED DIVORCED DIVORCED					
23	FUNERAL DIRECTOR'S SIGNATURE LO VON	edlatopess	24a. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNAT	URE

MARYLAND STATE DEPARTMENT OF HEALTH 769 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07655		()	7	6	5	5
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PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (WI o. STATE	here deceased	lived. If institution b. COUNTY	on: Residence	before admis	sion)
	BATTIMORE b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and profite meretral town) d. NAME OF HOWARD FORT HOWARD FORT HOWARD FORT HOWARD G. SISTILL (If not in hospitol, give street oddress) J. SISTILL (If not in hospitol, give street oddress) WETERANS ADMINISTRATION HOSPITAL I. SOUTH BOND RESTRANCE MALE COLOR OR RACE T. MARRIED NEVER MARRIED SOUTH BOND BOATH HOWARD COLORED WIGOWED DIVORCED JULY 9 1886 MALE COLORED WIGOWED JULY 9 1886 MALE COLORED WIGOWED JULY 9 1886 MACH JULY 9 1886 MA									
RURAL and give nea	rest town)	ts, write	- 5 L	N 16			ite limits, write RI	URAL ond give	e nearest tow	n)
d. NAME OF HOSPITA		ive street			was been de befor it	VIII		-		A FARM?
VETERAN	S ADMINIST	RATI	ON HOSPITAL		14 Sou	th Bond	Street		YES [] NO [4
			Middle	٨		OF		th Ur	Day	Yeor 1960
5. SEX		1	HED TO NIEVER MARRIED	Y		1		IF UNDER 1	1,4	
					July 9 1886		last birthdoy)	Months De	ays Hours	Min.
during most of working	ng life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUS'		_			NOF WHAT	COUNTRY?
13. FATHER'S NAME							820		- IV - II	
	Unkown					Unkow	n			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Adda	ess		
Yes	WW I	ervice		Cl	in. REc., VAH	Balto	18. Md 1	Tt Howa	ard Div	visio
Is. WAS DECEASED EVER IN U. S. ARMED FORCES? Ves. no. or unknown) WW I 16. SOCIAL SECURITY NO. 17. INFORMANT Clin. REc., VAH Balto 18, Md Ft Howard Divisor Clin. Rec		ETWEEN								
PART I. DEAT	H WAS CAUSED BY:	IIDI		ORY	HEMORRHAGE					
1160		COTT								
Conditions if on	which)									
gove rise to im	mediote (•								
	ne under-									
	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	'H BUT I	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY
\cup		_		_					PERF	DRMED?
20g. ACCIDENT WAS	UNDERLYING []							110-	153	140 5
OR CONTRIBUTING [AEDICAL EXAMINER)									
				Oe. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City o	or town)	(Cou	inty)	(Stote)
p. m.	19				3 • OOP!	M.	-	12:05AN	1	
21. I certify that	(M. (this haspital) attend	led the deceased f	ram.J.	uly 11 1219	60 J	uly 12	19 60	that (W)	(we) last
saw the decease	ed alive an Ju]	v 12	19_60 , and t	hat de	eath accurred at	.M, fram t	he causes an	d an the c	date stated	d abave.
						1 1000	14.4			BLONED
1	0/211		,	A		IRECTOR	PHYS.		7	7/12/6
	Dyan	1202	hu				0			
	ALTER J. P	LUANC	DWSKI, M.D.		VAH BALT	TWOKE T	8, MD F	L'HOWAF	M_DIA1	LSION
REMOVAL (Specify)	7-15-	60	23c. NAME OF CEMET Baltimore			23d. LOCATION Balto		or county)	(Sto	ite)
Burial 24. FUNE ADDIRECTORS	SIGNATURE /	- L	ADDRESS		2So. REC'	D BY REGISTR	AR 2Sb. REGIS	STRAR'S SIGN	ATURE	

VR A1S (4) 15M 9/59



TO HO тоу

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 17 (2 0 2) CEPTIFICATE OF DEATH

07656

1. PLACE OF DEATH O. COUNTY O. STATE O.	5.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest town) Cockey South E Cocke	town)
OR INSTITUTION O	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print) WILLIAM RAPH ANDERSON OF DEATH JULY 28	Year 160
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED DAN 2, 1882 9. AGE (In years last birthday) Wonths Days Ho	JNDER 24 HRS. Durs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Sinte or fareign country) 12. CITIZEN OF WH. OREFNEOUNTY, ISSOURI 12. CITIZEN OF WH.	AT COUNTRY?
LORENZO KING ANDERSON 14. MOTHER'S MAIDEN NAME TUANS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) 486-44-4028 NKS JOHN GETER DAYS HEED BOSLEY ROAD TWAS	EXEYSUILL 2YLOND
	L BETWEEN
Conditions, it only, which	DYR
gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO CC CC CC CC DUE TO	OYR
	VAS AUTOPSY ERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work.	(Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work 19 Not while of work 19 that (I) (this haspital) attended the deceased fram. 71 20d., 10 78 20d., 1962, that	(Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wark of wark (County)	(Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	(Stote) (Wee) last ited abave. 22b DATE SIGNED
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of two	(State)

PROUTTING OTUAC . JH SALVENTAL SELS. BALL SAMUERSAN CAN YABED AND WOLL BY TONG Bloom I Terroral Sugraf 13 ASA SURFAS BUSE MINUSTERS LVA ... LIFE STATE YOUR CONTRACTOR ENVIRONMEN SCASELY ISBUT SOTOS SUCCESSTAR the Carlo product to the Carlo The state of the s Sales N The second section of the second seco

ARYI	LAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
13 -							

7694 CERTIFICATE OF DEATH

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8 (17657 Reg. Dist. No. 32

PACTOR P						
o. COUNTY	oun ty	MARYLAND	o. STATE	b		ce before admission)
Mt. Wilson,	Maryland		Baltin	outside corporate lim	31	101,4
OR INSTITUTION		Transcort of	221 6 1	un str	ret	ON A FARA
				14 545		
DECEASED (Type or print)	PAUL	e e	AREN	OF DEATH	July	1 196
S. SEX 6. CC	1		8. DATE OF BIRTH	9. AGE lost	birthdoy) Months	
during most of working life	e, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Store	e or fareign country)	12.CIT	LSA WHAT COUNT
	REN		14. MOTHER'S MAIDEN	NAME SHE	GRA	
(Yes, no, or unknown) (If yes, g	ive war or dates of service)			ds, Mt. Wi		Hospital
Conditions, if ony, wh gove rise to immedicouse (o), stoting the unitying couse lost.	DIATE CAUSE (o) DUE TO nich (b) ote der (c) (c)	r advanced				
S Silicus	is. Emp	lysema			SYLVE	PERFORMED
	USE OF DEATH	CRI8E®HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of it	tem 18.)	
Y 20c. TIME OF INJURY Mo Hour a. m. p. m.	While	Not while fo	LACE OF INJURY (Home, for scrory, street, office bldg., et	m, 20f. (City or tow	n) (C	County) (Si
	attended the decease			M. from the co	, 19 <u>69</u> that I la	st saw the decea
ACTUAL 111.0	learn Me	wome		ADDRESS (Street, ci	ty or town, stote)	DATE SIG
Battimore County Battimore County Manual and give necest form) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Mt. Wilson State Hospital S. SEX O. COLOR OR RACE 7. MARRIED NAME 10. DATE 10. DA						
	-1-11-					
23. FUNERAL DIRECTOR'S SIGN	HATURE H. 66	ADDRESS 4107	240. KEC	D'D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE

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L. Augustines Cem. Elkaldge, Maryland	Secure de la Turb de

VS A15 (4) 15M 9/5B

	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
7695	CERTIFICA	ATE OF DEATH
ore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE Maryland b. COUNTY B
corporate limits, write wn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RUR/ Lutherville
at in haspital, give street	address)	A STREET ADDRESS

07658

Reg. Dist. No.

OR INSTITUTION 1445 Burton Ave. 1445 Burton Ave. 1445 Burton Ave. 15. SANE OF ORCEASED (Type or print) 17. MARIED ORCEASED (Type or print) 18. CAUSE OF DEATH 18. CAUSE OF DEATH (Enter only one cause per line follo), (b), and (c).) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. AND AND INCOMPANIAN (c). 18. CAUSE OF DEATH (Enter only one cause per line follo), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. AND AND INFORMANT (c). 19. CAUSE OF DEATH WAS CAUSED BY: I.M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. AND AND INFORMANT (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. AND AND INFORMANT (c). 19. CAUSE OF DEATH WAS LUNGER YING (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. AND AND INFORMANT (c). 19. CAUSE OF INJURY Manth, Day, Year and work (c). 200. ACCIDENT WAS UNDERLYING (c). 200. ACCIDENT WAS UNDERLYING (c). 200. ACCIDENT WAS UNDERLYING (c). 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 200. CONTRIBUTING TO DEATH (c) work (c)										
a COUNTY	timore		MARY	0.	STATE		d lived. If institut b. COUNTY	ian: Residence Balti	before odmis	sion)
b. CITY OR TOWN RURAL and give ther	(If outside corporate liminearest tawn) Ville	ts, write	c. LENGTH OF STAY	IN 1b c.			rate limits, write I	RURAL and give	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION				1		Burto	n Ave.	723	ON	A FARM?
DECEASED				Barret		OF	Ма		-	Year 19 60
							last birthday)	Manths Da		ER 24 HRS
10a. USUAL OCCUPAT during mast af wa	ION (Give kind af work rking life, even if retired	dane 10b. K	IND OF BUSINESS O	R INDUSTRY 1	1. BIRTHPLACE (Stat	e ar fareign c		12. CITIZE		COUNTRY
a. COUNTY Baltimore b. CITY OR TOWN If outside corporate limits, write b. CITY OR TOWN If outside corporate limits, write LENGTH OF STAY I.B. d. NAME OF HOSPITAL IN not in hospital, give street address) 1445 Burton Ave. 3. STREET ADDRESS 15 STREET ADDRESS 15 STREET ADDRESS 16 STREET ADDRESS 16 STREET ADDRESS 17 STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 19 ST										
Baltimore CITY OR TOWN										
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E 20- ACCIDENT M	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (Ent	er nature af injury in	n Part I ar Par	t II af item 18.)		25	
20c. TIME OF INJU Haur a. m. p. m.	10	While	Nat while	20e. PLACE Of factory, s	F INJURY (Hame, fai treet, affice bldg., e	rm, 20f. (City	ar town)	(Cau	nty)	(State
actual signature	hat I attended the	decease 19 19	1 7 //	death accu	7-49	M, fram	the causes a	nd an the d	late state	d above
RUNDER TO HOSPITAL (If not in baptic), give street address) CR INSTITUTION CREATE ADDRESS CR INSTITU						ite)				
d. NAME OF HOSFITAL (If not in haspital give street address) 3. NAME OF HOSFITAL (If not in haspital give street address) 3. NAME OF HOSFITAL (If not in haspital give street address) 3. NAME OF HOSFITAL (If not in haspital give street address) 3. NAME OF OECHANDO (IN COLOR PACE) 4. DATE OF DEATH OF DATE (In year) (If year opini) 5. SEX Male 6. COLOR OR RACE 7. MARRIERO NEVER MARRIERO S. DATE OF BIRTH (In year) 6. STREET ADDRESS 6. A DATE OF BIRTH (In year) 7. 15 NAME OF COLOR OR RACE 7. MARRIERO NAME OF BUSINESS OR INDUSTRY 11. BIRTHALCE (Isole or foreign country) 6. STREET ADDRESS NAME OF CALL SECURITY NO. S. DATE OF BIRTH (In year) 10. USUAL OCCUPATION (Cive kind of work adone) 10. USUAL OCCUPATION (Cive wind of work adone) 10. USUAL OCCUPATION (Cive of Color of Occupation) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS? (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS? (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS? (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS? (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS? (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. WAS DECEASED VER IN U. S. ABABOR PROFESS (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. CALL OF DEATH (Ib. In U. S. ABABOR PROFESS (Ib. SOCIAL SECURITY NO. NATURE OCCUPATION (Cive of Color) 10. CALL OF DEATH (Ib. In U. S. ABABOR PROFESS (Ib. SOCIAL SECURITY NO.										

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Lucherville 1445 Burton 4-14-1995 150. Furyland 1sty Kelbaugh	Surton ave. 1711am Grafton Barn De Grafton Barn De Grafton Barnett	Losherville Lung Male whi Forenum
test, Sr. See 4-14-1995 100. Furyland 100. Furyland	1111am Grafton Barn Ce Bwyz Dept. MR Barnett	Tune Torenan
dett, Sr. England d-18-1995 Lee. Enryland Ley Kelbangh	1111am Grafton Barn Ce Bwyz Dept. MR Barnett	male whi
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too. Furyland	De Hwys Dept.HR Harrett	Forenum
losiyruh .ooi	Hwys Dept. Milliannett	Forenan
		. L. Nottenenge
Mary Louise Barnet		
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VS A15 (4) 15M 9/S5 I

MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE	, 18
104 () 101 ()				

7678 CERTIFICATE OF DEATH

Reg. Dist. No. 766()

1. PLACE OF DEATH o. COUNTY	altimore		MARYL				ere deceased live		2.0		on)
RURAL ond give Relay			c. LENGTH OF STAY IN	N 16			City, Me		JRAL ond give	nearest town)	4
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g Relay Hill	ive street Hospi	oddress) .tal		d. STREET	ADDRESS				ONAI	FARM2_
3. NAME OF DECEASED (Type or print)	Paul		Middle E •		rlin	ost	4. DATE OF DEATH	July	13		960
5. SEX male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	_	Aug.	3, 18 8	37 9. A	GE (In years pirthday) 72 yrs.			Min.
during most of wo	ION (Give kind of work of retired ent -Western	done 10b. Mary	KIND OF BUSINESS OR Land Railro	INDUSTR	Y 11. BIRTH	Penna.		y)			OUNTRY?
13. FATHER'S NAME			101111111111111111111111111111111111111		14. MOTHE	S MAIDEN N	IAME			DATE 1 (O) 19. WAS AUTO PERFORME YES NO. (County) (County) (Stote)	
Edward	Berlin				Ma	ry (dut	histophyth)	Keighl	.ey		
1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.				Josephin		in Axel		
Conditions, if gove rise to cottse (o), stoting lying couse lost	immediate DUE TO)	Senile psycl							19. WAS AL	MED?
20g. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING GO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Enter noture	of injury in P	Port I or Port 11 of	item 18.)		1 165	NO [3]
20c. TIME OF INJU Hour o. m.	10	While	NJURY OCCURRED 2 Not while of work	PLACI foctor	E OF INJURY, street, off	(Home, form, ice bldg., etc.	, 20f. (City or to	own)	(Coun	(עו	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James Cast	, 1966 ellar	of that a	death a	ocurred o	1 4:50		e causes a city or town, s	nd an the	date stated DAT	d above. TE SIGNED
220. BURÍAC, CREMATI	ON 7-14-6		Green Mot		REMATORY		22d. LOCATION Balt	(City, town, o Lmore	r county)	(Stote)	
23. FUNERAL DIRECTO			ADDRESS	1 4	1217		BY REGISTRAR	24b. REGIS	TRAR'S SIGNA	TURE	
William Co	ok, Inc., 1	217	St. Paul St.	reet		DATE JU	L 1 4 '60	an	Uhun S. Ha	and.	

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VS A1S (4) 1SM 9/SB

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	7686	CERTIFICA	ATE OF DEATI	Н		Reg. Dis	st. No.	160	ì
1. F	LACE OF DEATH COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W o. STATE	here decease	d lived. If institution b. COUNTY	on: Residence	17	no R	
t	RURAL and give nearest town)	LiFe	c. CITY OR TOWN (IF	outside corpo	prote limits, write Rl	JRAL ond g	give nea	rest town	.)
(I. NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUTION 9607 DIXON	Ave	d. STREET ADDRESS	Dixo	4		•		IDENCE FARM? NO
- [NAME OF First POECEASED Type or print) Ruth	Middle ANN	Bissell	4. DATE OF DEATH	JULY Mont		Day 12	9 1	Yeor 1960
S. S	EX 6. COLOR OR RACE 7. MARRIEI WIDOWED	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb 23 /	1870	9. AGE (In years lost birthdoy) yrs.	Months	1 YEAR Days	Hours Hours	R 24 HRS. Min.
100.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	AT Hom	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12.CITI	US	WHATC	OUNTRY?
13.	Edward H	Roberts	14. MOTHER'S MAIDEN	NAME /	eth ?	Fox			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC no. or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO.	NFORMANT ALA. M.	BRAG	Addr	SA.	n e		
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	for (o), (b), and (c).]	e Card	io l	ascul	ar		RVAL BE ET AND	
	gove rise to immediate couse (a), stating the under-lying couse lost.								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CO</u>	ntributing to death but	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	T 1(o) 19	PERFO	AUTOPSY RMED?
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p. m. 19 While of work [Not while fo	ACE OF INJURY (Home, forr ctory, street, office bldg., etc		or town)	(C	County)		(Stote)
	21. I certify that I attended the deceased alive on 28, 196	from ?	19.56, to occurred at2.32		the couses one treet, city or town,	d on the		stoted	
	ACTUAL Hard H. PHYSICIAN'S Harold H NAME (Type) Harold H	BUTNS.	M.D. 8106	Ha	rforo	Rd		7/2	9/61
220	RUBIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7/1/405 / 1960	22c. NAME OF CEMETERY OF MORELAND	R CREMATORY MemoziAL	22d. LOCA	TION (City, town, o			(Stot).

24a. REC'D BY REGISTRAR

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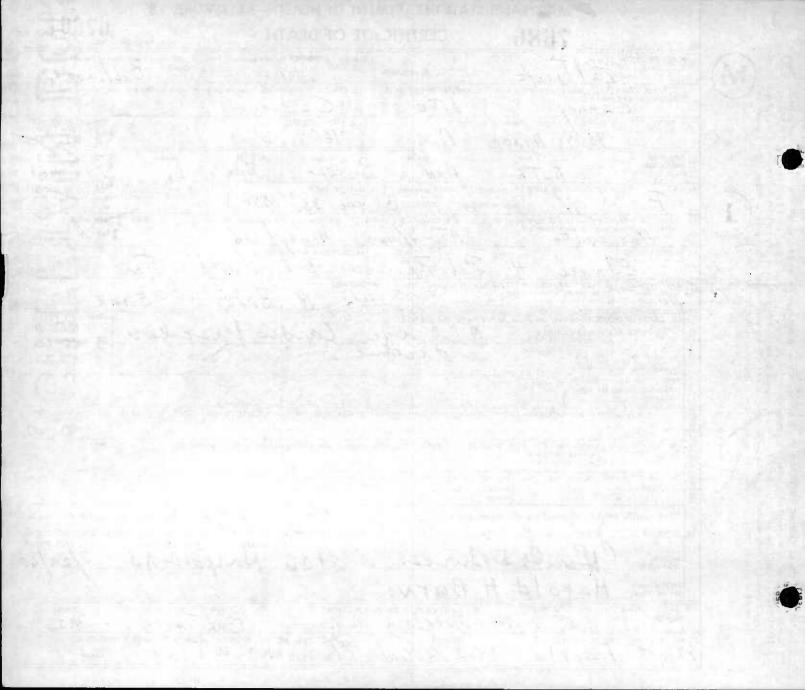
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24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

8802 HAR TORK

23. FUNERAL DIRECTOR'S SIGNATURE CHAS, F LYANS & SON



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07662 Rea. Dist. No.

1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. county timore Baltimore County MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Md. Glen Arm. Arm d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Manor Glen YES NO TO NAME OF Middle 4. DATE Lost Month Yeor OF DEATH 19 60 (Type or print) Victor Blandin July 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH lost birthdoy) Months Days Male WIDOWED [DIVORCED T June 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Rubber Broker Maryland Rubber 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Corrinne Sherbonnier Lt. John J. Blandin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es Mr.J.L.Capebianco Florida Orlando. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NOIT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m While Not while of work of work 12. 19 D. that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National Arlington Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR. 24b. REGISTRAR'S SIGNATURE Wm. Cook-Towson. Inc. Circhar & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If Institutions of the Column o

07663

Reg. Dist. No.

PLACE OF DEATH	Baltimore		MARYL	AND	2. USUAL RESIDENCE (a. STATE Mary	Where deceo		Institution	n: Residence be	efore admi	ission)
b. CITY OR TOWN (If	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	4.1P	c. CITY OR TOWN (If outside cor	porate limits	, write RU	RAL and give	nearest to	wn)
Cators			7mthlOdys		Baltimor	re			31	01	-4
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	pital, give street address)		d. STREET ADDRESS				7 634	e. IS RI	A FARM?
SPRING GRO	OVE STATE	HOSP	ITAL		516 Sou	th o	llins	venu	re		NO [
3. NAME OF DECEASED (Type or print)	Herb	••	Middle Frankli	in	Bloom	4. DATE OF DEATH		Month	Doy		960 960
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B.	DATE OF BIRTH				UNDER LIEAR	R IF UND	ER 24 HRS.
male	white	WIDOWED	DIVORCED		March 22, 1	1884	76	yrs. M	onths Days	Hours	Min.
10a. USUAL OCCUPATION during most of working railroad			enn. R. R.	NDUSTR		e or foreign (country)		U. S.		COUNTRY
Unknow	n				Unknown		NUY.	E.	Ruhi	1	
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		A	ddress			
unknown			Unknown	Re	cords: SPR	RING C	ROVE	STAT	E_HOS	PITAT	
Conditions, if or gove rise to immed (o), stoling the couse last. PART II, OTH Well	liote couse out to noderlying out to (c) ER SIGNIFICANT CON Leg tract	olitions co		7-6	-60					YES T	NO P
200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	ALKIBUTING L. 1	from 1	How INJURY OCCURRI bed sustaini	ing	intertrocha	nterio	frac		6-29-6 right	-	
20c. TIME OF INJURY Hour o. m. 3:00 gar	6-29 19	60 of wo	NJURY OCCURRED 206 rk ot work to the other of work to the other ot	Hos Hos	ry, street, office bldg., ele pital	c.)	Catons		(County) 28. M		
	from: Natural	causes [Accident A. effer, M. D.	Suic	ide, Homicid M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	e , U EXAMINER C CAL EXAMINE	ndetermin			DATES	
220. BURIAL, CREMATIO REMOVAL (Specify)	July 20	1960	22c. NAME OF CEMETER	YORG	REMATORY Carle Can	22d. LOCA	TION (City)	own, or c	ma.	(Stote	e)
23. FUNERAL DIRECTOR	SUGNATURE	St	Lunch			2 0 '60			AR'S SIGNATU	IRE	

TO FIGURE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any js is necessory, please executed within 24 hours after death. If any is necessory, please executed executions, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundamental page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation,

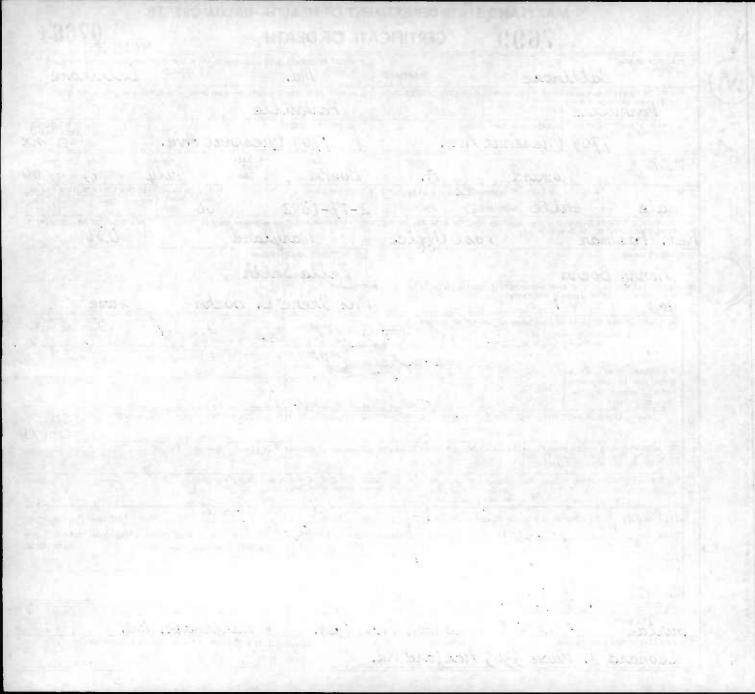
or removal.

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VS. A15ME(S) 5M 9/55

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		MARYLAND	STATE DEPARTM	IENT OF HEALTH	I—BALTIMORE,	, 18
		7699	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 07664
	LACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Md.	ere deceased lived. If insti b. COUN	itutian: Residence befare admission) NTY Baltimore
	CITY OR TOWN (I RURAL pand give no work V.	outside corporate limits, write egrent town)	c. LENGTH OF STAY IN 16	1 n 1 . 1	utside corporate limits, writ Le	te RURAL and give nearest tawn)
		TAL (If not in hospital, give street of 17709 (hestnut	1	d. STREET ADDRESS	hestnut Ave	e. IS RESIDENCE ON A FARM? YES \(\) NOW
	NAME OF DECEASED (Type or print)	Howard	Middle A •	Boehm	4. DATE OF DEATH	Manth Day Year 1, 1960
S. S	male	white WIDOWE		B. DATE OF BIRTH 2-17-1892	9. AGE (In ye last birthda	ars IF UNDER 1 YEAR IF UNDER 24 HR: Y) Manths Days Hours Min.
Re	during most of war	ON (Give kind of work done king life, even if retired)	ost Office	Mary	land	12. CITIZEN OF WHAT COUNTRY
13.	Henry	Boehm		Zella Sm	1	
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Mrs Irene	L. Boehm	Address
	PART I. DEA		e far (a), (b), and (c).]	Jhm odel	125 uzilano	INTERVAL BETWEEN ONSET AND DEATH
7	gove rise to i cause (a), stating lying cause last.	the under-	Kypio.	wordt	rong.	
CERTIFICATION						GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	CRIBÉ HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I ar Port II af item 18.	
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Doy, Year 20d. In 19 While at worl	Nat while fa	ACE OF INJURY (Hame, farm actory, street, affice bldg., etc	20f. (City ar town)	(Caunty) (State
	21. I certify the alive on	not I ottended the decease 7		n occurred at 90	M, from the couses ADDRESS (Street, city or to	,that I lost sow the decease and on the date stated above wn, state) DATE SIGNE
	PHYSICIAN'S NAME (Type)	77 RGG	RUZICKO			
L	BURIAL, CREMATIC REMOVAL (Specify)	7-5-60	Loudon Pa	or CREMATORY rk (em.	Baltimore	e, Md.
23.	Leonard	J. Ruck 5305	Harford Rd		D BY REGISTRAR 24b. R	Conthus S. Haus



VS A15 (4) 15M 10/57

ARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
AKILAND 3	IAIE DEFARIMENT	OF HEALTH-BALTIMOKE,	10

766!) CERTIFICATE OF DEATH

Reg. Dist. No. 07665

1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARY		IDENCE (Where deceased faryland	b. COUNTY Ba	esidence before admission)
b. CITY OR TOWN (If RURAL and give not Dung a L	outside corporate limits, w cest town)	c. LENGTH OF STAY		TOWN (If outside corpor	rate limits, write RURAL	and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION Res. 1971	l (If not in hospital, give s Hase 1me re		d. STREET 1971	ADDRESS Hase lme re	Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HARRY	EARL	BOLTON		July	21 Doy Yeor 60
Male	White we	MARRIED NEVER MARRI	Nov. 15	5, 1901	58 rthdoy) Mon	NDER I YEAR IF UNDER 24 HRS. nths Days Hours Min.
Se Tree motor	Give kind of work done	106. KIND OF BUSINESS OF		LACE (State or foreign co	ountry) 12	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank	Bolton		14. MOTHER	S MAIDEN NAME Cornel	ia Bolton	1
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? Yes wor or dates of service) None			arry E. Bo	Address 1ton 197	71 Haselmere F
Conditions, if any gove rise to improve to improve the course (o), stating the lying cause lost.	mediate DUE TO		OLE ROTIO			ONSET AND DEATH N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING M ACCIDENT WAS OR CONTRIBUTING M HOUR G. m. p. m. 21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Month, Day, Year 2		20e. PLACE OF INJURY factory, street, affice death occurred at M.D. 6	(Home, farm, 20f. (City bldg., etc.)	or town) 21., 1960, the	(County) (State) at I last saw the deceased on the date stated abave. DATE SIGNED 7-21-60
220. BURIAL, CREMATION, BELLOUIS (Specify)	7-23-1960		ETERY OR CREMATORY		ngham Co	
23. FUNERAL DIRECTOR'S JOHN J. DU		se Ave. 22	, Md.	DATE JUL 2 5 '6	^	'S SIGNATURE 1 S. Kraua

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) BALTIMORE e. IS RESIDENCE d. STREET ADDRESS CHARLES & 33rd STREET YES NOT Day Month Yeor 13,1960 JULY DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA BALTIMORE MARYLAND 14. MOTHER'S MAIDEN NAME CATHERINE KNIER 17. INFORMANT 1646 Roundhill Ad Road Balto. 18mMd. MR. GORDON BRANDAU INTERVAL BETWEEN ONSET AND DEATH 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? YES [NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE NAME (Type) DEPUTY MEDICAL EXAMINER [4] 220. BURIAL CREMATION. 22c. NAME OF CEMETERY 22d. LOCATION (City, town, or county) (State) JULY. 16. 1960 BALTIMORE, MARYLAND CREMATORY **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SANDER & SONS INC. BALTO. MD. 15'60 Cathar & Krains DATE ...

VS. A15ME(5) 5M 9/55

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH atian, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nealest town Law 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF Middle 4. DATE First Last Month Day Year DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Min. Hours WIDOWED | DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0 C 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME poges EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15. WAS DECEASED INFORMANI 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO [20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) writing the v hief Medical OR: Page 3 sl Not while o. m. While of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection . Inquiry , and find that to the Chief . DIRECTOR: 1 death resulted fram: Natural causes ... Accident . Suicide . Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farworded to FUNERAL ASSISTANT MEDICAL EXAMINER remava **EXAMINER'S** 7-3-60 NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) -6-60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) Oribur S. Kraus DATE JUL 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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N	1. PLACE OF O. COUNTY
1	b. CITY OR

MMAO

D HOLE ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a urs after death. Page 4 may included by the haspital or ottending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld be filed with the State Board af Health priar ta burial, crematian, or removal, and in ony premy within 72 hours after death.

TO HO!	nay D	TO FUNERAL	page 3 shaul
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77112		CERTIFICA	ALE OF DE	AIII			() 0	000	
1. PLACE OF DEATH o. COUNT BALTIMORE		MARYLAND	2. USUAL RESIDI	ENCE (Where dec	eased lived. If in b. CO		idence befa	re admission)	
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) FORT HOWARD	mits, write	c. LENGTH OF STAY IN 16 27 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE						
d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION VETERANS ADMINISTR	give street	address) HOSPITAL		d. STREET ADDRESS 900 CATHEDRAL STREET			e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED	First YMOND	Middle	Last	Last 4. DATE Manth OF DEATH JULY			Do		
5. SEX 6. COLOR OR RAC		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In	veors IF UN	DER 1 YEAR	IF UNDER 24 HR	
MALE WHITE	WIDOW		MARCH 15		lost butt	doy) Mont	hs Doys	Hours Min.	
0a. USUAL OCCUPATION (Give kind af war during most af warking life, even if retir REAL ESTATE BROKER	k done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLA BALT:	CE (State or fore	ign country) RYLAND		U.S.A	F WHAT COUNTRY	
3. FATHER'S NAME RAYMOND W. BURGES	SER, S	SR	NANC	MAIDEN NAME Y RICHAR	DSON				
5. WAS DECEASED EVER IN U. S. ARMED F(Yes, no, or unknown) (If yes, give wor or dates of WW I	of service)		LIN REC.,	VAH BAL	TO 18, M	Address D FT H	OWARD	DIVISIO	
Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last. Part II. OTHER SIGNIFICANT CO Hypertrophy and d Mellitus: General 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES UNDERLYING (IF EITHER) ((b) (c) (c) (c) (c) (d) (d) (d) (d) (e) (e) (d) (e) (e) (d) (e) (e) (d) (e) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	tion of heart;	UT NOT RELATED TO Cardiac I	the terminal di De compe n	sation;	Diabet	PART I(a)	19. WAS AUTOPS' PERFORMED? YES A NO	
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	Year 20d. I White at wo	rk Ot while f	PLACE OF INJURY (H factory, street, affice	bldg., etc.)			(Caunty)	841 E.	
21. I certify that (4) (this haspit saw the deceased alive on 1)	al) attend	ded the deceased fram	June 20 death accurred		to July 1	es and on	9 60, the	nat (A) (we) las e stated abave	
22c. PHYSICIANS	nnew	sh.	M.D. ATTENDING PHYS.	DIRECTO	STAFF PHYS.			7/19/6	
NAME (Type)	PIJANO	OWSKI, M.D.		BALTO 18	, MD FT	HOWARD	DIVI	SION	
230. BURIAL, CREMATION, 236. DATE THER REMOVAL (Specify) 7-21-	66 60	23c. NAME OF CEMETERY Baltimore	OR CREMATORY National	23d. L	ocation (city,	town, or cour	rland	(State)	
24. FUNERAL DIRECTOR'S SIGNATURE Wm Cook Blight Inc.	6009	Harford Rd Ba		DATE	EGISTRAR 2Sb	REGISTRAR'	S SIGNATU		

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24b. REGISTRAR'S SIGNATURE

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24g, REC'D BY REGISTRAR

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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7704

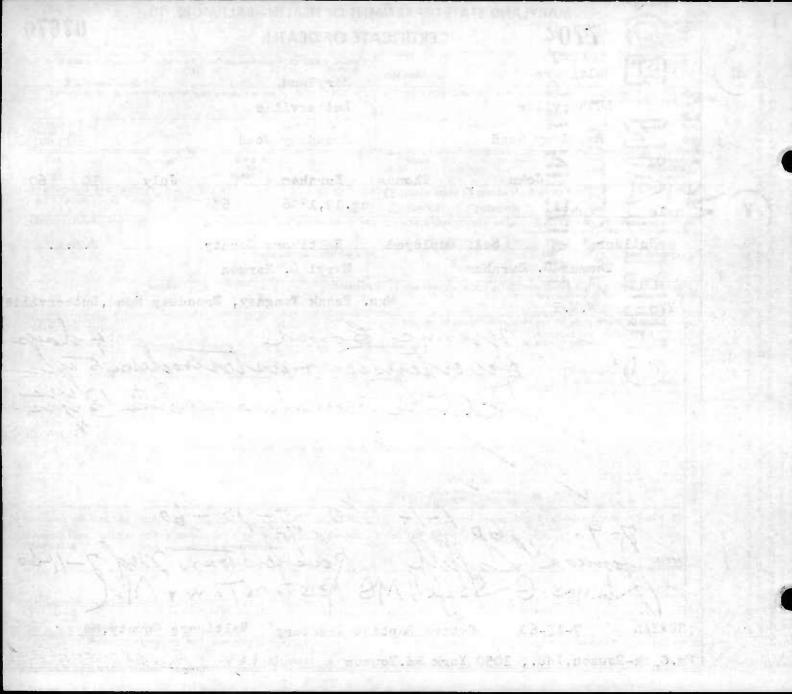
CERTIFICATE OF DEATH

07670

								Keg. DI	ST. NO.		
PLACE OF DEATH O. COUNTY	Baltimore		MARYLAN		USUAL RESIDENCE (o. STATE Maryland		ed lived. If institut b. COUNTY	1	ltimo		
b. CITY OR TOWN (RURAL ond give n	If outside corporate limit	s, write c.	LENGTH OF STAY IN	16		If outside corp	porote limits, write	RURAL ond	give neare	st town)	
d. NAME OF HOSPI OR INSTITUTION	Broadway		ress)	1	d. STREET ADDRESS Broadway					IS RESIDE	
3. NAME OF DECEASED (Type or print)	Fin Jo		Middle		Last	4. DATE OF DEAT	Mo H +		Day	Yeor	
5. SEX	6. COLOR OR RACE		Thom: NEVER MARRIED [DIVORCED [8. D	Burnham ATE OF BIRTH g. 19,1896		9. AGE (In years Jost birthdoy)	Months	1 YEAR IF	UNDER 2	60 4 HRS. Min.
10a. USUAL OCCUPATION during most of wor	White ON (Give kind of work of king life, even if retired)	lone 10b. KIN		-			1		IZEN OF W	/HAT COU	NTRY?
Builde 13. FATHER'S NAME	er	Sel	f Employed		Baltimo	re Con	inty		U.	S.A.	
	Thomas C. 1	Burnha	m		Maryl L.		on				
15. WAS DECEASED EVE (Yes, no, or unknown) YES	ER IN U. S. ARMED FOR (If yes, give war or dates of se W. W. I				rmant Frank Ta	ngney,		dress ay Ros	ad, Lu	ther	vil
Conditions, if c gove rise to i couse (o), stoting lying couse lost.	mmediate Dus TO	Dis	MIBUTING TO DEATH	BUT NO	RECATED TO THE TER	PARMINAL DISEA	SE CONDITION GI	VEN IN PAR	10	WAS AUT	OPSY ED?
O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCU	JRRED. (E	nter noture of injury	in Port I or Po	ort II of item 18.)		<u> </u>	ES N	0 🗆
Y 20c. TIME OF INJUING Hour o. m. p. m.	RY Month, Doy, Yeo	While	Not while of work	e. PLACE foctory	OF INJURY (Home, fo , street, office bldg.,	orm, 20f. (Ci	ty or town)	(County)		(Stote)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and I attended the	deceased 107 P	, ,	eath ac	Rece Person		the causes and street city or town	nd an the			bave.
220. BURIAL CREMATIC REMOVAL (Specify BURIAL)	7-13-60		Saters Bar				ATION (City, town,		y,Md	(Stote)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGI	STRAR 24b. REG	ISTRAR'S SI	GNATURE		
Wm C of The	The Two	1050	Vania Da II	n	DITE	0111 1 A 7	60 (1	Thur &	Thous		

page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOS VS A15 (4) 15M 9/5B

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



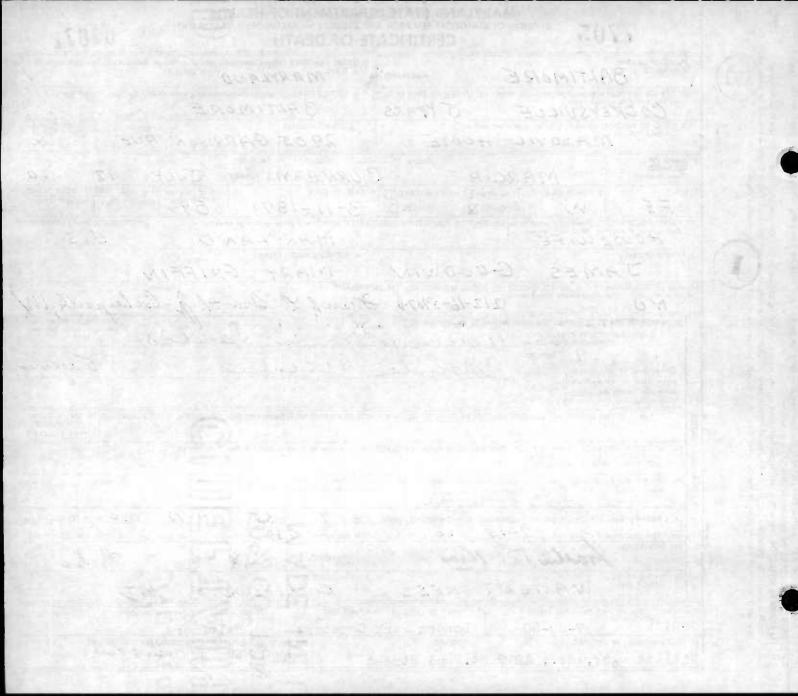
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07671

	a. COUNTY B	ALTIMORE	MARYLAND		ARYLAND	o. COUNTY	e before admission)
	RURAL ond give ne	f outside carporate limits, write carest town) EYSUICLE	c. LENGTH OF STAY IN 16 5 YEARS		OWN (If outside carporate line BALTIMOR)		ive nearest town)
0	OR INICTITUTION	MASONIC		d. STREET AL	OF GARRIS	SON AUE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	MARC		3 URN H	AM 4. DATE OF DEATH	JULY Manth	18 1960
	5. SEX	W WIDO	WED DIVORCED		-1871 lost	birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	during most af wark	ON (Give kind of work done 10 king life, even if retired)	b, KIND OF BUSINESS OR INDU	h -	CE (State or foreign country) みRYLみルじ		U-S.
			-OODWIN			FFIN	
	15. WAS DECEASED EVE (Yes, no, or unknown)	He was give were as dates of service)	6. SOCIAL SECURITY NO. 17. 18 212-16-5967-0	French	E. Smith	&- Coch	uprille My
		mmediate (Vascular	Cler Des	Tie Car	dio	INTERVAL BETWEEN ONSET AND DEATH
0/	CATIC		S <u>CONTRIBUTING TO DEATH</u> BUT				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WA	AS UNDERLYING 206. D' CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af	injury in Part I or Part II at	item 18.)	
	20c. TIME OF INJUR Haur a. m. p. m.	Whi	E.	ACE OF INJURY (F ctory, street, office	lame, form, 20f. (City ar tay bldg., etc.)	vn) (C	aunty) (State)
		sed alive an 7-1	5_1960, ond that		ot 1:35 m, from the o		dote stated above. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		T. KEES	22d. ADDRE			778760
	23a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	7-20-60	23c. NAME OF CEMETERY C			City, town, ar caunty)	(State)
1	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS St.Paul Stree		250. REC'D BY REGISTRAR DATEUL 1 9 '60	25b. REGISTRAR'S SIG	

VR A15 (4) 15M 9/59



ADDRESS

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g, REC'D BY REGISTRAR

VS A1S (4) 1SM 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

death certificate

a seem of the seems	A STATE OF THE STA		Stage of the	District Section
	But were the		ion, Mary Lan	
Y WILLIAM	1734 DusmolD = 183	Locke	off strate the	123 .23
4 60	Park Bokus Jah	adja j	AMEENCE	
	47 9881 P. Mall			M
A211	a marine of Marine		5-900	
	COST REPRESENTATION	20	ALA K	V/14 0 1 4
davida il	red rough . 17 , above fathering.			المستنوب
540	rotic Heart D. Seine			
The Kill of the	IB Ant Opt Actor A	and the second of	A house	
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VR A15 (4) 1SM 9/59

Ellsworth Armacost

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7707

	PLACE OF DEATH		MARYLAN		USUAL RESIDENCE (Whe		l lived. If institution b. COUNTY	on: Residence	before admi	ssion)	
		TIMORE			CONNECT	000					
	 CITY OR TOWN (If RURAL and give nec 	outside corporate limits, wr	ite c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If ou	itside corpor	ate limits, write RI	URAL and giv	re nearest tov	n)	
		HOWARD	15 DAYS		WEST HA	RTFOR	D 41	5 X-	~		
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give st	reet oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?	
		NS ADMINISTR	ATION HOSPITAL		44 HILL	SBORO	DRIVE		YES NO X		
	NAME OF	First	Middle		Last	4. DATE	Man	th	Day	Year	
	(Type or print)	EDWIN	W		BURRITT	OF DEATH	JULY		12	1960	
S.	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED] B. D.	ATE OF BIRTH	00 22	9. AGE (In years		YEAR IF UND	-	
	MALE	WHITE WID	OWED DIVORCED	J/	ANUARY 17 18	888	last birthday) 72 yrs.	Months D	Days Hours	Min.	
100	. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State of	or foreign co	ountry)	12. CITIZE	EN OF WHAT	COUNTRY?	
	CIVIL EN	ing life, even if retired)			WYOMING			U.	S.A		
13.	FATHER'S NAME			1.	4. MOTHER'S MAIDEN NA	AME					
	CHARLES	H BURRITT			CLARA E	WHEE	LER				
		IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFOR	RMANT		Addr	ess	-		
(Ye	YES (I	f yes, give war or dotes of service) WW I	578 32 5110	CL	IN REC. VAH	BALTO	18,MD F	T HOWA	RD DIV	ISION	
	18. CAUSE OF DEAT	TH Enter only one couse p	per line for (a), (b), and (c).]			17476			INTERVAL B		
		H WAS CAUSED BY:		MTTA 1	DECEMBER TIME				ONSET AN		
	7404	IMMEDIATE CAUSE (o)	LOBAR PNEUMO	N.LA .	KIGHI LUNG				5 DAY	, O	
	593	DUE TO									
	Canditians, if an	y, which) (b)	CEREBRAL THR	OMBO	SIS, RIGHT				15 DAY	5 DAYS	
	gave rise to im	mediate (
	lying cause last.	ne under-	GENERALIZED	A TOPHEN	DIACCI PRACTO	,			UNKNOW	TNI	
z) (c)	ONS CONTRIBUTING TO DEATH				CONDITION CIV	ENLINI DADT			
CERTIFICATION	TAKI II. OTH	EK SIGNIFICANT CONDITIO	CONTRIBUTING TO DEATH	801 140	T KEDATED TO THE TEXMIN	ANT DISENSE	. CONDITION GIV	CIA HA LAKI	PERF. YES	ORMED?	
TIFIC	20a. ACCIDENT WAS	S UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (E	inter nature of injury in P	ort I ar Part	II of item 18.)				
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY	Month, Day, Year 20	0d. INJURY OCCURRED 20e	PLACE	OF INJURY (Home, farm,	20f. (City	ar town)	(Co	ounty)	(State)	
EDI	Haur o.m.		/hile Not while	toctory	, street, office bldg., etc.)						
>	p. m.							(0			
	21. I certify that	t 🗱 (this haspital) at	tended the deceased fro	mJun	e 27 129	B DNO J	uly 12	, 19.00), that (*)	(we) last	
	saw the decease	ed alive on July	1219_60, and the	at deat	h accurred at	M, fram	the causes an	d an the	date state	d abave.	
	220. SIGNATURE	2/)								2b. DATE	
		11/1.	1	M.D.	ATTENDING ME	D. RECTOR	STAFF PHYS.		7	/13/60	
	22c. PHYSICIAN'S	A Mauri	w2/2'	111.0.	22d. ADDRESS	CCION L	11110.	-424		1-3/00	
	NAME (Type)	WALTER J. PI	JANOWSKI, M.D.			VARD D	IVISION,	BALTO	,MD		
230	BURIAL, CREMATION		23c. NAME OF CEMETER	RY OR CE	REMATORY	23d. LOCAT	10N (City, tawn, o	or county)	(St	ote)	
	REMOVAL (Specify)	7-16-60	Woodlawn	flama	tary	Po	ltimore	Marvle	nd		
24	Burial FUNERAL DIRECTOR'S		A SORESS	ceme		BY REGIST		STRAR'S SIGN	NATURE		
	Ellsworth	Armacost 460	O Liberty Heigh	hts	Ave Ballebud	306	1 00	Circhia	I. Hann	A	

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VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7708

CERTIFICATE OF DEATH

									Reg. Dis	t. No.	
1. PLACE OF DEATH COUNTY Ba	ltimore		MARYLA		o. STATE Mary	(Where de	ceased live	d. If institution b. COUNTY	n: Residenc	e before odn	nission)
b. CITY OR TOWN (RURAL and give in Essex	(If outside corporate limit: nearest town) (21)	s, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN	(If outside					own)
OR INSTITUTION	nfrew Stre		address)		d. STREET ADDRESS	5	rew	Stree	t	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Firs Ros		Middle		BUTLER	4. D	ATE F EATH	Jul:		ooy Sth,	Yeor 1960
female	3 4 1	7. MARRI	DIVORCED		pril 6,1	882	9. A	GE (In years pst birthday) yrs.		YEAR IF UN Days Hou	NDER 24 HRS.
100. USUAL OCCUPATION during most of wor Housew	ON (Give kind of work d rking life, even if retired)	one 10b. 1	KIND OF BUSINESS OR I	NDUSTRY	South			y)	-	ZEN OF WH	AT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDE						
Jame	s Temblett	t			Sarah	Ann	Hat	ch			
	ER IN U. S. ARMED FORC III yes, give wor or dates of set		none	17. INFO	rmant rtram Bu	tler	S	Address ame a			
Conditions, if a gave rise to i cowse (o), stating lying couse last.	the under-				afor the	no.	seler			5 2	207
2	HER SIGNIFICANT COND								N IN PART	PER	S AUTOPSY FORMED?
OR CONTRIBUTING	G CAUSE OF DEATH	AUD. DESC	RIBE HOW INJURY OCC	JKKED. (E	inter nature of injury	in Port I c	or Part II of	r item IB.)			
20c. TIME OF INJUF Hour a. m. p. m.	RY Month, Day, Year 19	r 20d. IN While at work	_ Not while_	e. PLACE factory	OF INJURY (Home, f., street, office bldg.,	arm, 20f etc.)	(City or to	own)	(Co	ounty)	(State)
21. I certify the	hat I attended the	decease			, 19 56, ta	- D.		, 1960			
ACTUAL SIGNATURE	9. Hot	_, \Z_I	, and that de	M.D	Lal D	ADDRE	SS (Street,	city or town, s		e date sta	DATE SIGNED
PHYSICIAN'S NAME (Type)	J.J.Platt,	M.D	•		Essex	21,M	aryl	and			
220. BURIAL, CREMATIC REMOVAL [Specify] Burial		1 7 4	22c. NAME OF CEMETE Oak Lawr					(City, town, or			tate)
23. FUNERAL DIRECTOR	'S SIGNATURE	Pel	ADDRESS Dundalk			EC'D BY R	EGISTRAR 2 '60	24b. REGIST		NATURE	

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		. w		

Robert F. Caples

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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7709	CERTIFICA	ATE OF DEATI	+	Re	g. Dist. I	No.	
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W			esidence b		nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Reisterstown Rural	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Reistersto			ond give	nearest to	awn)
d. NAME OF HOSPITAL (If not in hospital, give stre	et address)	d. STREET ADDRESS Butler	Road			e. IS I	RESIDENCE N A FARM
NAME OF DECEASED (Type or print) Vincent	Talbott	Caples Sr.	4. DATE OF DEATH	July	13,	Day	Yeor 196
			10.00	Les lies	IN IDEB 3 VE		1050.01

5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Dec. 28,		9. AGE (In years birthdoy) yrs.	Months			
10a. USUAL OCCUPATION during most of wark	ON (Give kind of work king life, even if retired	done 10b. KIND C	F BUSINESS OR INDU		E (Stote or foreign o	ountry)	12.CI	TICA	WHATC	OUNTRY?

магудала 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Elizabeth Shipley

INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mr. Robert Caples Reisterstown, Md.

18. CAUSE OF DEATH [Enter or	ly one couse	per line for (o), (b), ond (c).]				INTERV	AL BETWEEN
PART I. DEATH WAS CAU		Coronary Occ.	lusion			45	hrs.
Canditions, if any, which	DUE TO	Hypertensive	Arteriosclerotic	C-V	Diseas	e 9	yrs.
gave rise to immediate cause (o), stating the <u>under-</u>	DUE TO	Diebotes				23	vrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) none

YES NO X

(State)

(County)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) none (IF EITHER, NOTIFY MEDICAL EXAMINED

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) none none none at work at work

11-20-21. I certify that I ottended the deceased from, __,that I last saw the deceased _, and that death occurred at_ M, from the causes and on the date stated above.

DATE SIGNED 7-15-60 Hanover Road

PHYSICIAN'S NAME (Type) Reisterstown, Md. D. Caples, M. D.

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) July 16,1960 Dover Cemetery Balto. Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

J. F. Eline & Sons Reisterstown.

DATE 1111 1 8 '60

arthur S. Kraus

campletely filled in by the funeral popers. Pages 1 and 2 shauld be f and physician offending as the burial-transit certificate moy be retained by the TO FUNERAL DIRECTOR: poge 3 shauld be

CERTIFICATION

director

filed

rs after death. Page

VS A15 (4) 15M 9/58

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0-15-60								
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07676

rs ofter death. Page 4 ely filled in by the funeral director, Fages 1 and 2 should, be-filed with deeth. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3

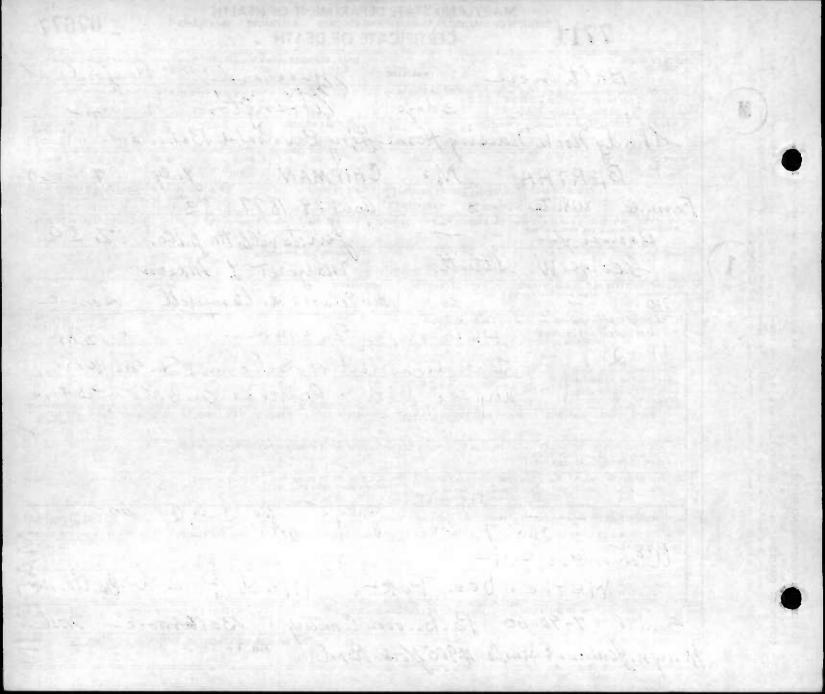
1. PLACE OF DEATH a. COUNTY	Baltimor	e	MARYLAND	2. USUAL RESIDENCE o. STATE Md. •	(Where deceased	lived. If institution b. COUNTY	ın: Residence befo	ore admission)
b. CITY OR TOWN RURAL and give r	(If autside carporate limit learest tawn) Catons vi		OF STAY IN 16	c. CITY OR TOWN	and the second	te limits, write Rl	JRAL and give ne	arest town)
d. NAME OF HOSPI OR INSTITUTION	Shady No	ve street address) OK CONV.H	ome.	d. STREET ADDRES	The same and the	Yale A	ve	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	David.		Middle Carter	Lost	4. DATE OF DEATH	July	25	oy Year 1960
s. sex		7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH Feb. 28.	882	. AGE (In years last birthday) yrs.	Manths Days	Haurs Min.
during most of wo	ON (Give kind of work d rking life, even if retired) Luctor	Pa. R.		STRY 11. BIRTHPLACE (S	tate or fareign cau	intry	12. CITIZENO	F WHAT COUNTRY
13. FATHER'S NAME		Carter		Unknow				
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of se	ES? 16. SOCIAL SECUR	RITY NO. 17. II	r Allan Gu	inter, B	Addr Addr Addr		.Va.
Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO	TYNGUSC)2/000	NIC Cou	suo jux		eon	-5 year
CATIO	THER SIGNIFICANT COND			1212121		j-1	EN IN PART 1(a)	PERFORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW IN	IJURY OCCURRE	D. (Enter nature af injury	y in Part I ar Part I	If or ifem 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Yea	while Nat while at wark	e fo	ACE OF INJURY (Hame, ctary, street, affice bldg.,		or town)	(County)) (State
saw the secective saw the sece	LORE T.	Viznih e Viznik	and that of	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR CLESS	STAFF PHYS. D	7	had (II) (we) lose e stoted above 72.6 psi y de 1
23a. BURIAL, CREMATI REMOVAL (Specify Buria)	7/27/6	Lor		Park Cemty	Wood	ON (City, town, o	d .	(State)
Witzke F	r's signature un.Dir.41	ol Edmond			JUL 2 7 '6		Thun S. Kia	

.01100 Shedy Book dony Rome . Lounerly of 325 Tele Ave modite" . . . 51 vac .8.8 .ac - To delibert Mr aclas State, sox SH. Leath W. de. . Mi realisto. / demon free orderes . . . DB . SAE ___ Introd

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 7711

	a. COUNTY	altimore	MARYLAND	2. USUAL RESIDENCE ()		If institution: Residence COUNTY	e before admission)
	RURAL and give near	outside corporate limits, write rest town) Catonsviolling Rd.	1 LENGTH OF STAY IN 16	c. CITY OR JOWN	f autside carporate limi	ts, write RURAL and g	we nearest town)
		(If not in haspital, give stree	ding Home	Long Bar	Road + 1.	Baker ar	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	ERTHA	Middle	CHIPMAN	4. DATE OF DEATH	July	Day Year 7 1960
S.	emale	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	april 29	1877 1. AGG	1 14 1 1	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
100	o. USUAL OCCUPATION during most of warking	g life, even-if retired)	. KIND OF BUSINESS OR IND	USTAY 11. BHAHPLACE (S)O	te ar fareign country)	alco.	TU Sa
	FATHER'S NAME	rge W. S	trett	Marga	1 U)	lason	
		yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17.	us Ellwood	M. Camp	bell.	Some
	PART I. DEATH	mediate DUSTO	eneralizar.	my Even arterios tis - Cont	elenon lecle E	Slum uboli	INTERVAL BETWEEN ONSET AND DEATH /2 // / 4000
CERTIFICATION			CONTRIBUTING TO DEATH BE				1(o) 19. WAS AUTOPSY PERFORMED? YES NO P
	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURI	RED. (Enter nature at injury i	in Part I ar Part II of its	em (8.)	
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Whil		PLACE OF INJURY (Hame, for octory, street, affice bldg., a	arm, 20f. (City or town	()	ounty) (State)
	21. I certify that saw the decease 220. ISIGNATURE	10	ded the deceased fram	death occurred again	A.M. fram the co	y	date stated above.
	With	ober ter	_		MED. STAF		SIGNED
	22c. PHYSICIAN'S NAME (Type)	nether	ber For	+ 22d. ADDRESS	8 St. Pa	iul &.	Belto. nu
230	BURIAL, CREMATION REMOVAL (Specify)	7-90-60	Parbure OF CEMETERY	or Crematory	23d. LOCATION (C	ty, tawn, ar county)	- Smd
24.	FUNERAL DIRECTOR'S	SIGNATURE Som, L	Co. 4905 Hork	Road DATE	C.D. K. KEC. STRVEO	25b. REGISTRAR'S SIC	NATURE



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MARYLAND STÂTE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	a. COUNTY BALTIMO	RE		MARYL	AND	2. USUAL RESIDER	NCE (WI		b. COUNTY		Ball	admissi	on)
-	b. CITY OR TOWN (IF		its, write	c. LENGTH OF STAY IN	d I b	c. CITY OR TO	WN (If o	outside corpo	rate limits, write R	URAL and g	ive neare	st town)
1	FORT HOW			12 DAYS		BA	LTIM	ORE					
1	d. NAME OF HOSPITA		jive street			d. STREET ADD	PRESS			- 11	e.	IS RESI	DENCE FARM?
	OR INSTITUTION VETERANS	ADMINISTR	ATION	HOSPITAL		227	NH	ammond	ls Ferry	Road	- -		NO K
	3. NAME OF DECEASED	Fi	st	Middle		Lost		4. DATE	Mor	oth	Day		/eor
I	(Type ar print)	PU.	RR	LEE		CHOAT	E	DEATH	JULY	18		1	60
Ī	S. SEX	6. COLOR OR RACE	7. MAR	RIENT NEVER MARRIED	D	. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER	_		
	Male	White	WIDOW	/ED DIVORCED		March 23	, 19	16	44 yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (Stote	or foreign o	ountry)	12. CITI	ZEN OF V	VHATC	OUNTRY
	Barber	ing me, even ir remed	'	Barber Sh	go.	Nor	th C	arolin	na		U.S.	A.	
	13. FATHER'S NAME					14. MOTHER'S M	AIDEN 1	NAME	ALP THE R				
	PURR LEE	CHOATE, S	R.			I	ATS	Y BEEC	KER.				
1	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		-, -	
1	YES (I	If yes, give war or dates of :		214-12-7311	C	LIN.RECOR	DS T	VA HOS	P BATTO 1	יויק מוע	HOWA	RD 1	DTV
1		TH [Enter only one co		ine far (o), (b), and (c).]				1100		111	INTER	VAL BET	TWEEN
1		TH WAS CAUSED BY:	মূৰ	D. T. C.	LUN	GS					ONSET	AND.	DEATH
1	531V	IMMEDIATE CAUSE ()		23011						-	1//	1
1	Continue	XXXXX		ORTAL CTRRHO	STS	OF THE I	IVE				11	ALLAN	TATAT
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	lying cause lost.			BLEEDING ESC	TOU A	CEAT WADT	CTC				11	ATTENT	OF THE
		FR SIGNIFICANT CON	/	CONTRIBUTING TO DEAT				INAL DISEAS	F CONDITION GIV	/FN IN PAR		NKN WAS A	
V	GAST			ENATIS		NOT RESCRIBED TO T	IL ILKW	IIIAE DISEAS	E CONDITION OF			PERFO	RMED?
2	PART II. OTH GAST 200. ACCIDENTING OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED	. (Enter nature of i	njery in	Port I or Por	t II of item 1B.)				
	T 20c. TIME OF INJURY	Month, Day, Ye	ar 20d.	INJURY OCCURRED 2		CE OF INJURY (Ho			or town)	(0	ounty)		(Stote
	YOUR HOUR OF INJURY	19	While of wo		fac	ory, street, office b	ldg., etc	:.)					
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	saw the decease	ed alive on111	TA TI	81960 and t	hot d	eoth occurred	016:	Martrom	the couses ar	nd on the	date s		abave DATE
1	220. SIGNATURE	1 um	201	sh.		ATTENDING		ED.	STAFF		7/10	11	SIGNE
1	22c. PHYSICIAN'S	y an	, 00	aa	٨	A.D. PHYS. 22d. ADDRESS		IRECTOR	PHYS.		(\T0	/60	
	NAME (Type)	4						.mo 100	Tim *****				
-	/ WALT		NOWS!				_ BAL	_	FT HOW		VISI		
	23a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THERE	OF /	23c. NAME OF CEMET	TERY OF	CREMATORY		23d. LOCA	TION (City, tawn,	or county)		(State	a)
-	Burial	1-01-	60		re	Wational			altimore.	Md.	3 5 4 7 · · · · ·		
	24. FUNERAL DIRECTOR'S	SSIGNATURE		ADDRESS 5305 Ha	nfor		⊅a. REC	D BY REGIST	TRAR 256. REG	STRAR'S SIC	NATURE		
L	Leonard J.	Ruck Funer	al H	ome Balto.		e ne.	ATE	1 21 16	0 a	thing of	trus		
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MADVIAND STATE DEDADTMENT OF HEALTH

IVISION OF S	TATISTICAL		 	 	YLAND
		RTIFICA			

1	1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYTAND b. COUNTY
	b. CITY OR TOWN (If autside carporote limits, write C. LENGTH OF STAY IN 16 PURAL and give regress town) RURAL and give regress town. 21 Days	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) BALTIMORE
050	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) VETERANS ADMINISTRATION HOSPITAL	d. STREET ADDRESS 5203 ELMER AVE 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) TEO Middle J	CHRISTIE 4. DATE July 29 1960
	S. SEX MALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH APRIL 20, 1895 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
1)	10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) TENNIS INSTRUCTOR COUNTRY CLUB	LOWELL, MASSACHUSETTS USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MICH	Amos Christie	Eugenia Nerrineau
	(Yes, no, or unknown) . (If yes, give war or dates of service)	Clin. Rec. Vet Adm Hosp Balto 18, Md Ft Howar
J.	gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO Column Column	FT FRONTAL LOBE OF THE BRAIN Unknown
2	CATIC	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter noture of injury in Part 1 ar Port 11 af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark at work	PLACE OF INJURY (Hame, farm, octary, street, affice bldg., etc.) (City ar town) (County) (State)
	21. I certify that (1) (this haspital) attended the deceased fram saw the peceased alive on July 29 19 60, and that	July 8 10:00 to July 29 1960, that (f) (we) last death accurred at M, from the causes and an the date stated above.
	220. SIGNATUR Hyganswski	M.D. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) WALTER J. PIJANOWSKI, M. D.	VAH Balto 18, Md Ft Howard Division
0	236. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 8/2/60 Baltimore No.	
BI	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Vernon Lemmon 4611 Park Heights Ave	Balto. Md Date AUG 1 '60 256. REGISTRAR'S SIGNATURE Orthog S. Thank

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LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are death. Page 4 VR A1S (4) 15M 9/59

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AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7714 CERTIFICATE OF DEATH

7714	CERTIFICA	ATE OF DEATH		Reg. Dist.	No. 07680
1. PLACE OF DEATH o. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (Where a. STATE		nstitution Residence	before admission)
RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If out	side carporote limits, v	vrite RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION THE PINES -N	s)	d. STREET ADDRESS BOX - 99-	Rt_#	2	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) NOTO	Middle	Clark	I. DATE OF DEATH	Month	Doy Year 3 1960
S. SEX 6. COLOR OR RACE 7. MARRIED [FEMale White WIDOWED [NEVER MARRIED A	8. DATE OF BIRTH Apr 9, 28-188	9. AGE (fin	4-1	YEAR IF UNDER 24 HRS. Oys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ke form for	STRY 11 BIRTHPLACE (Stote or		12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S, NAME AS DECEASED EVER IN U. S. ARMED FORCES? 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (H yes, no. or unknown) (H yes, give war or dates of service)	/	14 MOTHER'S MAIDEN NAI HANU NFORMANT		Address	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underly lying couse last. (c)	andial De	forstions	Vanewy	Denieri	INTERVAL BETWEEN ONSET AND DEATH, 6/24/60 to 7/3/4
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITIO	IN GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t I or Port 11 of item 1	8.)	
	OCCURRED 20. PL	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(Cou	unty) (State)
21. I certify that I attended the deceased fralive on 19.60. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. Janer K. G. 3//	_, and that death			ses and an the	st saw the deceased date stated abave. DATE SIGNED 7/3/60
	NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City.) A. A. C.	own, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE SINGLETON FRANCE - Polis	ADDRESS It Pickere	24a. REC'D (REGISTRAR'S SIGN	

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			249004		MANAGEMENT SERVICE		

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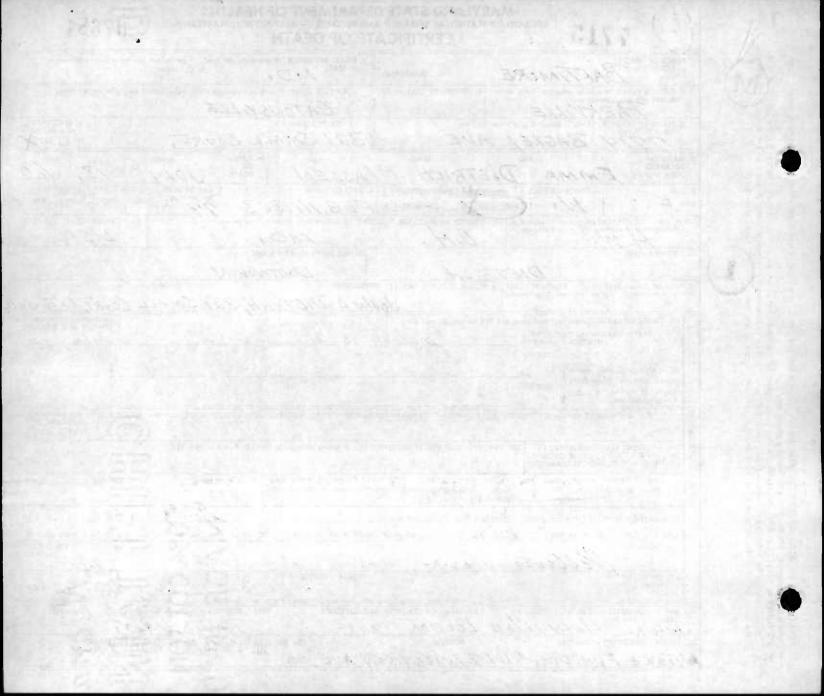
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH G. COUNTY B	ALTIMORE	MARY		USUAL RESIDENCE (Who		. If institution: Re b. COUNTY	esidence before o	odmission)
b. CITY OR TOWN (If RURAL and give nea	outside corporote limits, write	c. LENGTH OF STAY	IN 1b	CATON	SYILLE	nits, write RURAL	and give nearest	t town)
d. NAME OF HOSPITA	L (If not in hospital, give street BAG-LEY	address) AUE,	13	d. STREET ADDRESS 32/ SMAL		97,	(S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	MMA DI	Middle ETRICH	CLA	SSEN/	4. DATE OF DEATH	Month	Doy 13	Yeor 1960
S. SEX	6. COLOR OR RACE 7. MAR.	33		FB, 11, 18	9. AG los 9	E (In years IF UI birthday) Mor		UNDER 24 HRS.
	N (Give kind of wark done 10b ng life, even if retired)	Oith.	R INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12	2. CITIZEN OF WI	HAT COUNTRY?
13. FATHER'S NAME	DIFT	RICH	14	. MOTHER'S MAIDEN N	AME WOWA/			
	IN U. S. ARMED FORCES? 16. yes, give wor or dates of service)	SOCIAL SECURITY NO	17. INFOR	MANT A. DIFTE	ch 321	Address	COURT	CATANS
Conditions, if on gave rise to im couse (o), stoting the lying cause last.	mediate Due To	Cire	trat ,	arlew se	Clesman		ma	eny gran
CATIC	er significant conditions	CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERMII	NAL DISEASE CON	idition given in	F	WAS AUTOPSY PERFORMED? ES NO
200. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING (1) 20b. DES	SCRIBE HOW INJURY O	CCURRED. (E	nter nature of injury in P	Port I or Port II of	item 18.)		
Y 20c. TIME OF INJURY Hour a.m. p. m.	Manth, Doy, Year 20d. 19 While at wo			OF INJURY (Home, farm, street, affice bldg., etc.		wn)	(County)	(Stote)
saw the deceose	(1) (this hospital) attended olive on	P. D. A.			M, from the		19 <u>69</u> , that the date st	
22a. SIGNATURE	Kelling !	Anne.	M.D.	ATTENDING ME	ED. ST/	AFF YS.	7/1	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	frol,	lout,	Brita	cykel
23a. BURIAL, CREMATION REMOVAL (Specify)	1, 23b. DATE THEREOF	23c. NAME OF CEM	PAR.	EMATORY	23d. LOCATION	City, town, or cou	onty)	(State)
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS F TOMAN	DCAM	A-WE DATE	BY REGISTRASO	25b. REGISTRAI	R'S SIGNATURE	a.A.



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O HOS	O FUNER page 3 s	110 100
TO HOS	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers of the property	100 000
NOH OT AND	(F) Page 3 s	110 1011
55 TO HOS ILOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 urs after death.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral a page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fit the contract of the page 3 should be fit to the page 3	ing regis

		MARYLAND	STATE DEPAR	TMENT	OF HEALTH	H-BALTI	MORE, 1	8 177	000	
		7716	CERTIF	ICATE (OF DEATH	1		Reg. Dist. 1	1002 No. 32	
1.	PLACE OF DEATH o. COUNTY Baltimore	County	MARYLA	1 0 51	AL RESIDENCE (WITATE	here deceased li	ved. If institution b. COUNTY	n: Residence b	efore admiss	-10
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write	c. LENGTH OF STAY IN	11b c. C	Hag	erst	e limits, write RU	RAL and give		
	OR INSTITUTION	AL (If not in hospital, give street) On State Hospi	t address)	6.5	TREET ADDRESS	insyl	Vania	Ave		FARM?
3.	NAME OF DECEASED (Type or print)	Louie	Free		Cole	4. DATE OF DEATH	Month	1	1 1	Yeor 1960
	SEX	6. COLOR OR RACE 7. MA WIDOV	VED DIVORCED	0 3	/18/19	06.	last birthdoy) yrs.	Months Day		Min.
	during most of work	N (Give kind of work dane ing life, even if retired)	the Plan	†	W.V.	4	atry)	12. CITIZEN	1.S.	A.
13	Char	les Cole		14. M	FIG 1	1 4	adde	4		
		If you give they are deter of service)	s. social security no. 98-03-8883	INFORMA Hospit		ls, Mt.	Wilson S		lospit	al
		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	w 67	chest	woll			NTERVAL BE	DEATH
	Conditions, if ar gove rise to in couse (o), stoting t	nmediate (0						
MOITA	lying cause last.	(c)ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	INAL DISEASE C	ONDITION GIVE	IN IN PART 1(c	PERFC	DRMED?
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	SCRIBE HOW INJURY OCC	CURRED. (Enter	nature of injury in	Part I or Port II	of item 18.)		YES [NO N
MEDICAL	20c. TIME OF INJURY Have a. m. p. m.	Whil		0e. PLACE OF 1 foctory, stre	NJURY (Hame, farn et, office bldg., etc	n, 20f. (City or	town)	(Caun	ty)	(State)
		at I offended the deceded 7/4, 19.	1 12	leoth occuri	1960, to ed at/2,304 A.M. Mt. Wilso	M, from th	et, city or town, s	on the de	ote stoted	
22	PHYSICIAN'S NAME (Type) W	-10/11	D. Superint	ERY OR CREMA	1	22d. LOCATIO	IN (City, town, or	r county)	(Stor	(e) /
28	FUNERAL DIRECTOR		ADDRESS Harpers Fer	ry, W.	A. DATE JU	D BY REGISTRA		VSON CO- TRAR'S SIGNA Lun 2. Hu		SI Va

SE TOUR DE LA COMPANIE DE LA COMPANI Mr. Manon, Maydond and Statement of the State of the Sales the Allegar Store Property - 16 21 Parkers States Affective Lowe Freedom Colo des 17 1 100 Landon Miles Plant William Control Charles Cole Foral Mudden And the Manner of the state of the little of the Hornester. The little state state of the state with the course of water water family at the state of the stat Anna Shirts of Life Corporation is your

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7717 **CERTIFICATE OF DEATH** 07683 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	70,	MARYLAN	2. USUAL RESIDENCE (V a. STATE		If institution: Residence. COUNTY	ce befare admission)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limits, write sarest tawn	c. LENGTH OF STAY IN 1	4.0	110	its, write RURAL and g	ive nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give street	address)	d. STREET ADDRESS	ilson G.	H. Qd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARY FIRST	PANCES Middle	COLE	4. DATE OF DEATH	Month SULY	Day Year 14 19 60
FEMALE	6. COLOR OR RACE 7. MAR WHITE WIDOW	RIED NEVER MARRIED [100 / - /	2 2 9. AGE lost	1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
HOUSEV	ON (Give kind of work done 10b. sing life, even if retired)	KIND OF BUSINESS OR IN	EL P	ASO TE	XAS L	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME THOM.	AS GILK	EY	MARY	FRANCE	s mc	KENNA
	R IN U. S. ARMED FORCES? 16.		INFORMANT MR. EMORY	COLE 1	511 Hiles	on Ot. Rd,
Canditions, if a gove rise to it couse (a), stating lying couse last.	mmediate (MULTIF	BUT NOT RELATED TO THE TERI	MINAL DISEASE CONT	DITION GIVEN IN PART	ONSET AND DEATH 11(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
U (IF ETTHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	n Part I or Part II of i	tem 18.)	I II I NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. 19 While at wa	Not while_	PLACE OF INJURY (Home, for factory, street, office bldg., e		n) (C	Caunty) (State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of I oftended the deceondary 17-14, 19 M. Q. CAST		1956, to oth occurred of 2:30 M.D. 80	M, from the c. ADDRESS (Street, ci 5 FU SE	ouses and on the	st saw the deceosed date stoted obove. DATE SIGNED
22a. BURIAL, CREMATIO REMOVAL (Specify)	7-16-60	22c. NAME OF CEMETER	Y OR CREMATORY HEART	22d. LOCATION (C	City, tawn, or caunty)	(State) MD,
23. FUNERAL DIRECTOR	S. Sonnelly &	ADDRESS 118 Gastern		JUL 1 8 '60	24b. REGISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Baltimore			MAI	RYLAND	2. USU a. S.	AL RESIDENCE Marylan	(Where decease		nstitution: DUNTY B	Residence altir	e before	admissio	on)
b. CITY OR TOWN (RURAL ond give n Mt. Wilso		s, write	c. LENGTH OF STA		c. C		(If outside corp	orote limits,		AL ond gi	ive neare	st tawn)	
	TAL (If not in haspital, g	ive street ac	ddress)		1	TREET ADDRESS	S					IS RESII	ARM?
3. NAME OF DECEASED (Type or print)	Helen	t	Midd	le		Cone	4. DATE OF DEATH	4	Month 7		Doy 29		9 60
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	DIVORO	KILD MI	2/°	7/08		9. AGE (In lost birth 52		Months		Hours	Min.
Hospital at	ON (Give kind of work of king life, even if refired)		ospital	OR INDUS	I	Rochest	er, New				S.	VHAT CO	UNTRY?
13. FATHER'S NAME	red. E. C	one				OTHER'S MAIDE	?						1
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of so	rvice)	001AL SECURITY N	P Rec	FORMAI	s on fi	le at M	t.Wils	on S	tate	Hos	pita	1
Conditions, if a gave rise to couse (o), stoting lying cause lost.	the <u>under</u> .	Ce	rebral he	on.							ONSE 1	3/4 3/4	HU41
CATIC	HER SIGNIFICANT CON	Pu	lmonary	tuber	ulo	sis, in	active.		0	N IN PART	1	WAS A PERFOR	WED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY	OCCURRE). (Enter	noture of injury	y in Port I ar Pa	art II of item	18.)				
20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yee	While	Nat while ot wark			NJURY (Home, et, affice bldg.,	form, 20f. (Ci	ty or town)		(C	ounty)		(State)
saw the deced	1 · 11	ly 29	19 60, an	d that d	AT PH	TENDING K	MED DIRECTOR On, Mar		es and		2, tha date : /29/	22b	abave. DATE SIGNED
230. BURIAL, CREMATIC REMOVAL (Specify		F	23c. NAME OF CE	~	CREMA	TORY	23d. LOC/	ATION (City,		county)		(Stote)
24. FUNERAL DIRECTOR	S'S SIGNATURE	me	ADDRESS 1216 S.	0.001	rle		REC'D BY REGIS		REGISTI		NATURE		
Qoris &	1. Kraw	2					KUU I C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		trama.		

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rs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fired with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

TO HOS

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7719

MARYLAND STATE DEFARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

b. CITY OR TOWN (If obtide corporate limits, write RURAL and give nearest town) Fort Howard NAME OF HOSPITAL (If not in hospitol, give street address) Veterans Administration Hospital Solve Hospital NAME OF HOSPITAL (If not in hospitol, give street address) Veterans Administration Hospital Solve Hospital NAME OF HOSPITAL (If not in hospitol, give street address) Veterans Administration Hospital Solve Hospital NAME OF HOSPITAL (If not in hospitol, give street address) Veterans Administration Hospital Solve Hospital Note of Hospital	Ī	. PLACE OF DEATH				2.		DENCE (Wh	ere deceased	lived. If instituti	on: Resider	ce befor	re admissi	ion)	
RURAL ord give increase loven) From Horard d. NAME OF HOSPITAL (If not in hospital) give street oddress) Veterans Administration Hospital 3201 Clarence Avenue First Middle Lost For COOPER BATE B		a. COONIT	Baltimore		MARYL	AND	o. STATE Maryland b. COUNTY								
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d. STREET ADDRESS Veterans Administration Hospital 3201 Clarence Avenue On A FARMY VEST NO DI OF Brist GEORGE F. COOPER OF BRITH JULY 2 19 60 SEARCH PROPERS IN U. S. AMED TO FEAST PROPERS Male White Whoove 10 Hours Amened 10 H					65 Days		Ba	ltimo	re	ZV	01-	4			
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COOPER C			Administrat	ion	Hospital		1								
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Male White WIDOWED DIVORCED 1/12/94 (66 yr.) Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY DO CLORED 13. FATHER'S NAME Calvin L. Cooper 14. MOTHER'S MAIDEN NAME Calvin L. Cooper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. 17. INFORMANT Yes WIV 1 123-03-8774 Clin. Rec. VAH, Balto.18, Md. Ft. Howard Division 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. ASTROCYTOMA GRADE TITI LIEFT FRONTAL REGION BRONCHOPNEUMONTA 200. ACCIDENT WAS UNDERVING. 1 (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS AUTORSY PERFORMED. YES I bin immediate cause (o), Juding the under Lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN ON THE COUNTRY MONTH, DO, Y very 20d. INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Idem 18.) 200. ACCIDENT WAS UNDERVING. 1 (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN NO MONTH OF COUNTRY WES IN NO MONTH OF COUNTRY IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN NO MONTH OF COUNTRY OF THE PART OF THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN NO MONTH OF COUNTRY IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN NO MONTH OF COUNTRY IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN NO MONTH OF COUNTRY IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN THE PART OF THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS AUTORSY PERFORMED. YES IN THE PART OF T			GEORG	E	F.	C	COPER		DEATH	JUL		2	1	19 60	
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15. MAS DECEASED EVER IN U. S. ARMED FORCES? If you give war or date of service) Yes WW I 12.3-03-8771 Clin.Rec.VAH, Balto.18, Md.Ft. Howard Division 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate course [o.], stoling the under lying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO TO CONDITION SON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES ON TO CONTRIBUTING CAUSE OF DEATH (I) FETTING CAUSE OF DEATH (I)	1				Physician	1	Kansa	S Cit	y Mis	ssouri	1	U.S.	Α.		
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Some content of the part 1. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Perrormed? Perrormed. Perrormed? Perrormed. Perror	Т		DIJE TO		Index V										
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21. I certify that (N (this haspital) attended the deceased fram. April 28. 19.60, to July 2. 19.60, that (N) (we) last saw the deceased alive an July 2. 19.60 and that death accurred at 2 AM, fram the causes and an the date stated above 220 SIGNATURE ATTENDING MED. STAFF KK 7/2/60 22d. ADDRESS NAME (Type) FINAGE C. MCEFATRICK VAH, BALTO.18, MD.FT. HOWARD DIVISION 23d. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 7-6-60 Arlington National 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 6009 Harford Road 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	0b. DES	CRIBE HOW INJURY OC	CURRED. (I	Enter noture o	f injury in I	Port I or Port	I II of item 18.)					
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saw the deceased alive an July 2 19 60 and that death accurred at 2 AM, from the causes and an the date stated abave. 220. SIGNATURE M.D. ATTENDING MED. STAFF KK 7/2/60 221. PHYS. IN MED. STAFF KK 7/2/60 222. PHYS. IN MED. STAFF KK 7/2/60 223. ADDRESS VAH, BALTO. 18, MD. FT. HOWARD DIVISION 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Removal 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6009 Harford Road 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		21. I certify tha	t (M (this haspital)	atten	ded the deceased f	ram Ar	ril 2	8 . 19	60. ta	July 2	19.6	50. th	at UK I	we) last	
220. SIGNATURE M.D. PHYS. DIRECTOR DIRECTOR STAFF KK 7/2/60 220. PHYSICIAN'S NAME (Type) DIRECTOR SIGNATOR 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) Arlington National 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6009 Harford Road 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE															
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NAME (Type) GENCIE C. MCEFATRICK VAH, BALTO. 18, MD. FT. HOWARD DIVISION 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Removal 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6009 Harford Road VAH, BALTO. 18, MD. FT. HOWARD DIVISION 23d. LOCATION (City, town, or county) Arlington, Virginia 25o. REC'D BY REGISTRAR'S SIGNATURE		FIRE SEE		7		M.D	ATTENDIN	G MI	RECTOR	STAFF KK			7/2/	60	
23c. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7-6-60 Arlington National 25c. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 6009 Harford Road 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			Du . All	24.9	Marin)	22d. ADDRI	ESS				***	1		
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Removal /-6-60 Arlington National Arlington, Virginia 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6009 Harford Road 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	2			V	23c. NAME OF CEMET	TERY OR C	REMATORY		23d. LOCAT	TION (City, town,	or county)		(Stote	e)	
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	2	4. FUNERAL DIRECTOR			ADDRESS		145	25a. REC*		1					
	1	Mm. Cook-Rli	ght. Inc.		Baltimore 1	Mar	vland	DATE HIT	6 '6	0 an	Thun S.	Krau	A		

CAPACITACION DE PARTE DE PROPERTO DE PROPERTO DE PARTE DE 12000 The manager of the second of t relativity that which is the gold of the colony of the sent blast of the AND THE PARTY OF T The first transfer of the second of the seco ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VS A15 (4) 15M 9/5B

rs ofter death.

		MARYL	AND	STATE DEPAR	TME	NT OF HEALTH	-BAL	TIMORE, 1	8	00-	TENT.	
	7670 CERTIFICATE OF DEATH									7686 it. No.		
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalls				c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 53 Dandalk						
	OR INSTITUTION	AL (If not in hospital, g Snyder	ive street Ave.	11		d. STREET ADDRESS)2 Sn	yder Av	e.,#22	ONI	ESIDENCE A FARM?	
-	NAME OF DECEASED (Type or print)	ANNA	st	Middle		COSGROVE	Jul;	_	Day 17	Yeor 19 60		
5. :	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH Sept., 17, 1886. 9. AGE (In yeors lost buthdoy) M yrs.				Hour	DER 24 HRS. s Min.	
10a	. USUAL OCCUPATIO during most of wark House	N (Give kind of work of ing life, even if retired) Work	lone 10b.	At Home	INDUST	RY 11. BIRTHPLACE (Stote of	r foreign co			S.	A.	
13.	FATHER'S NAME	sper Roma	n			14. MOTHER'S MAIDEN N		Butler		TE,	Files	
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of so		None		Merie A. Pollhein Same.						
	18. CAUSE OF DEATH [Enter only one couse per live for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) On Can Free Cause C						eleus			BETWEEN ID DEATH		
	Conditions, if or		0	ormany		weef!				29	11	
	gove rise to in couse (a), stoting t lying couse last.	ng the under. DUE TO										
RTIFICATION	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART						EN IN PART 1(o	PERI	S AUTOPSY FORMED?		
RTIF	20a. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in P	art I ar Port	t II of item 18.)				

gove rise to imi couse (a), stoting th lying couse last. CERTIFICATION PART II. OTHER 200. ACCIDENT WAS (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.)

19 ot work p. m. at work 21. I certify that I attended the deceased from 196 Sthat I last saw the deceased and that death occurred at 2:30 MANNE the causes and on the date stated above. alive on

ACTUAL SIGNATURE COLL CALLE	ADDRESS (Street/city or town, stote) DATE SIGNET ADDRESS (Street/city or town, stote) 7-/8-6
PHYSICIAN'S ACK: O PO	llins Rult. 22

220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCAT
Burial (Specify)	7-20 -60.	Oak Lawn Cemetery	7225

Not while

While

ION (City, tawn, ar county) (State) Eastern

24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATUR

> > Hour o. m.

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TO HOS

VR A15 (4) 15M 9/59

irs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7720

1. PLACE OF DEATH o. COUNTY	altimore	MA	RYLAND	o. STATE Maryl		b. COUNTY		e before odmis				
b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limits, wri	te c. LENGTH OF ST	AY IN 1b									
Fort Ho		10 Day	rs	Mechan	icsvill	le	1 3	x -1				
d. NAME OF HOSPIT OR INSTITUTION	d. NAME OF HOSPITAL (If not in haspital, give street			d. STREET ADDRESS				e. IS RESIDENCE				
Veterans Administration		ion Hospita	1	ON A YES TO								
3. NAME OF DECEASED	First	Mide	dle	Last	4. DATE	Mon	th	Day	Year			
(Type or print)	(Type or print) IORENZ			CROUSE	DEATH	JULY	1	1 19 60				
5. SEX	6. COLOR OR RACE 7. M	ARRIED X NEVER MAR	RRIED 8.	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	1			
Male	White WIDO	OWED DIVOR	CED 🔲	10/21/92		67 yrs.	Manths	Days Hours	Min.			
10a. USUAL OCCUPATIO	ON (Give kind of work done 1 king life, even if retired)	0b. KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (Stat	te or fareign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?			
Plumber		Civil Ser	vice	Saginaw,	Michig	gan	U.	S.A.				
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME							
	Unknown			Unkno	wn							
	R IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)	16. SOCIAL SECURITY I	NO. 17. INFO	RMANT		Add	ress					
Yes	WW I	None	Clair	Rec VAH R	Harn	and District						
7 7	Yes WW I None Clin.Rec.VAH, Balto 18, Md. Ft. Howard Divisi 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]											
	TH WAS CAUSED 8Y:			WITHOUT ATTER TOPPOSA					ONSET AND DEATH			
2 4 76		HEART FATLU	RE (PU	MONARY EDE	MA)			10 DAY	5			
Liter D.	DUE TO											
Conditions, if o				1 MON	TH							
	gove rise to immediate Couse (a), stating the under-											
lying couse lost.	lying couse lost. (c) ARTERTOSCIERTOIC HEART DISEASE											
CATIC	ier significant condition	NS <u>CONTRIBUTING TO</u>	DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?			
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 20b. (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED.	Enter nature of injury i	n Part I or Por	t II af item 18.)						
20c. TIME OF INJUR Haur a. m. p. m.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while at wark a											
	t ᢊ (this haspital) att	anded the deces	od fram To	120 27 1	060 1-	T.,7 7	10 4	hat th	Inno) last			
								/				
saw the deceas	sed alive an July	iybU, at	nd that dec	th accurred aty.	110 PMram	the causes an	id an the		d abave. 2b.DATE			
22d. SIGNATORE			* 1	ATTENDING	MED.	STAFF			SIGNED			
20- BUYELGIANIE	0 -1	2 611 -	M.I		DIRECTOR [PHYS.		7/2	/60			
22c. PHYSICIAN'S NAME (Type)	GETTIGE C. Mc	ELPACE TO RE	TWO	VAH.BALTO	18. MI	. FT. HOW	ARD D	TVTSTON	1			
23o. BURIAL, CREMATIO		3c. NAME OF C	EMETERY OF			TION (City, town,		(Sto				
REMOVAL (Specify)		0.	-	~		THE COLUMN		(310				
24. FUNERAL DIRECTOR	7/5/60	ADDRESS	Joseph			lorganza	STRAR'S SIG	NATURE				
		ADDKE22			C'D BY REGIST							
Robinson	Funeral Home	Leonard	town. 1	Id DAIL	7 '60	Clith	us S. th	ALLA				

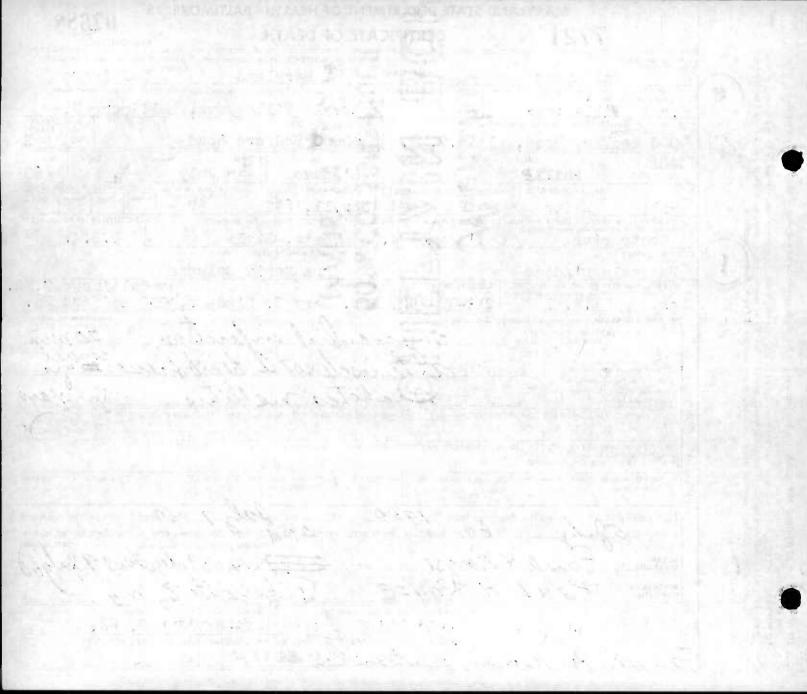
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

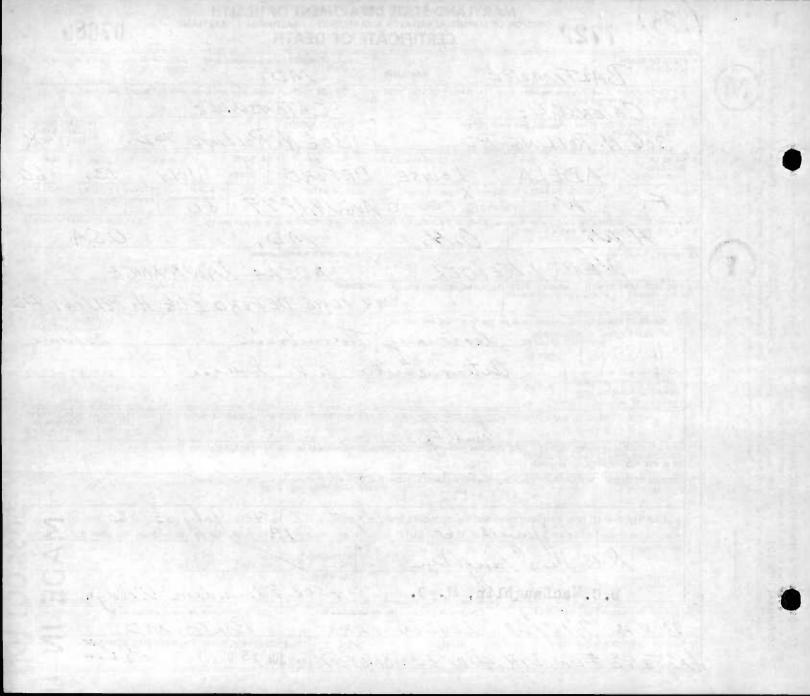
7721 CERTIFICATE OF DEATH

8 07688 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Baltimore							
	b. CITY OR TOWN (I	f autside carporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CIT	Y OR TOWN (IF	autside carpo	orate limits, write	RURAL and	give nea	rest taw	n)
RURAL and give neorest town) Rural Villa Nova					Rural Villa Nova, Baltimore 7,								
d. NAME OF HOSPITAL (If not in hospital, give street address)				address)	-	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
1	too Bedi	ford Road	Ba.1	tio.7.Md	. 1	4-00	O Bed	ford	Road				NO 🔝
3.	NAME OF DECEASED	Fir	st	Middl	e		Last	4. DATE	Mo	nth	Da	у	Year
	(Type or print)	Phili P				D'A	.damo	DEATH	July	7	9		19 60
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARR	IED 🔲	8. DATE O	F BIRTH	X TOTAL	9. AGE (In years lost birthday)	-			ER 24 HRS.
	Male	White	WIDOW	ED DIVORC	ED 🗍	Nov.	11.189	2	67 yrs	. Months	Days	Haurs	Min.
100	USUAL OCCUPATION	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. 8	IRTHPLACE (State	e ar fareign c	auntry)	12. CI1	IZEN OF	WHAT	OUNTRY?
1	Contrac			D' Adamo	Co.	V	asto.	Italy			U.S	. A.	
13.	FATHER'S NAME				di it	14. MO	THER'S MAIDEN	NAME					
	Pasquale	D'Adamo				A	nna Ma	ria C	alenza				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. II	NFORMAN				dresBal	tim	ore	7.Md
1 10	Yes	(If yes, give war or dates of s	2	13-30-45	25 M	rs.	Mary C	. D'A	damo,40	000 E	edf	ord	Rd.
7	Conditions, if d gove rise to it cause (a), stating lying cause last.	the under-)	al	ten	isci	leroto m	I he selle	and dis	Lass	Se.	New Y	las
FICATION		IER SIGNIFICANT CON								VEN IN PA	KI I(a)	PERFC YES	RMED
L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	O. (Enter no	ature of injury in	Part I ar Par	t II at item 18.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	While at war	NJURY OCCURRED Nat while at wark			JURY (Hame, far , affice bldg., et		ar tawn)		(County)		(State)
	21. I certify the alive an Sacrual SIGNATURE PHYSICIAN'S NAME (Type)	Faul	deceas , 19 k	ed fram. 19 20, and tha Posse Roys		accurre	1.1.11		the causes a treet, city ar tawn 037ala			stated	
T	REMOVAL (Specify)	Julyll	,196	Y DI WILL	Ridg		ory emetery		TION (City, town,	8,	Md.	(Stat	le)
23.	FUNERAL DIRECTOR	SSIGNATURE	well	ADORESS	Ken	meg	24a. REC	1 2 '60		ISTRAR'S SI		RE	



CERTIFICATE OF DEATH directar, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) TONSVILLE d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM YES NO by 12 06 puo .5 4. DATE Yeor NAME OF Middle filled DECEASED OF DEATH OUISE 196 (Type or print) 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED [DIVORCED [papers. campl 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attending please INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO à permit. Conditions, if ony, which baubi gove rise to immediate DUE TO couse (o), stoting the underlying couse lost has been si burial-transit attending physician 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? crematian, YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 208. DESCRIBE HOW ANJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) After this certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy. Year foctory, street, office bldg., etc.) haspital ar o. m. While Not while ot work ot work p. m. hed far why 13 1960, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from. 1960, and that death accurred at IPM, from the causes and an the date stated above. saw the deceosed olive on detach by the may be remained by the TO FUNERAL DIRECTOR: 22o. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR [M.D. PHYS. pe 22d. ADDRESS 22c. PHYSICIAN'S 3 shauld NAME (Type .C. MacLaughlin 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF page the 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR arihun & France 5 VR A15 (4) DATE 15M 9/59



07690

1	PLACE OF DEATH a. COUNTY BALT	IMORE	MARYLAN	2. USUAL RESIDENCE (O. STATE MARYI	111	ived. If instituti b. COUNTY		e before		m}
	RURAL and give ne FORT	HOWARD	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (te limits, write R	URAL and gi		10	
)	OR INSTITUTION	AL (If not in haspital, give street ADMINISTRATIO		a street address Rt #16	Box 328				IS RESID	FARM?
	3. NAME OF DECEASED (Type or print)	First FRANK	Middle J	De POITIERS	4. DATE OF DEATH	JUI		Doy 6		960
	s. sex	6. COLOR OR RACE 7. MARR				AGE (In years last birthday) 4 yrs.	Months	-	Haurs	Min.
)	during mast of warking PLUMBER	N (Give kind af wark dane 10b. ng life, even if retired)	KIND OF BUSINESS OR IN	BALTO N	MARYLAND	ntry)			A A	DUNTRY?
/	13. FATHER'S NAME CUSTAVE	DePOITIERS		WALLY I					3.	
		f yes, give war or dates of service)	SOCIAL SECURITY NO. 11	7. INFORMANT CLIN REC VAH	BALTO M	Add D FT HOW		IVIS	ION	
	260	DTA	MA OF LUNGS	OPHY AND DILAT	ATION			UNI		WEEN DEATH
	Ganditians, if an gave rise to in cause (a), stating t	nmediate he under-	KED GENERALIZ	ZED ARTERIOSCL			(C)	UNI	K	LITORCY
	Status po	est surgical amps underlying 20b. Des	putation both		erioscle	rotic o			PERFOR	MED?
	(IF EITHER, NOTIFY		NJURY OCCURRED 20e	. PLACE OF INJURY I Hame, for	206 (Cib. a	Annual Control	15	A1		(State)
	20c. TIME OF INJURY Haur a.m. p. m.	Manth, Day, Year 20d. II While at war	Nat while	factory, street, affice bldg.,		ir idwnj	10	aunty)		(State)
		(this haspital) attended alive an 7/6/60		m JUNE 20					tyk) (w	
	22a. SIGNATURE	Thomas	RNOO	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			22b.	DATE SIGNED
	NAME (Type)	THOMAS R HOOD	М.		TO 18 MD	FT HOWA	ARD DI	VIS	ON	also can view year, this cales
	23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL.	7-11-60	23c. NAME OF CEMETER BALTIMORE N	Y OR CREMATORY			ARYLAN		(State))
1	24. FUNERAL DIRECTOR:	SIGNATURE Blight &	re 6009 A larford Road	layford Rd DATE.	JUL 1 2 '60		STRAR'S SIG			

TO HOS VR A1S (4) 1SM 9/59

BENEFIT IN SEC. SAMERY BOYERS OF THE PERSON OF THE PARTY OF THE PAR material 24 to 15 December 2015 and 15 of the material and the Proceedings of the Control of the WELL STREET, T. Of Strong Ser. In Street THE THE PERSON WAS AND ADDRESS OF THE PERSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7724

CERTIFICATE OF DEATH

07692

									wed. D	31. 110.		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYI	LAND	O STATE	dence (Who		l lived. If institut b. COUNTY		nce befor	e odmiss	ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits earest town) Bal ti		LENGTH OF STAY	IN 1b	c. CITY OR		utside corpor	rote limits, write	RURAL ond	give nea	rest town	1
d. NAME OF HOSPIT OR INSTITUTION	Armacost Nu				d. STREET A		rles S	treet				FARM?
3. NAME OF DECEASED (Type or print)	First MAUDE		Middle E.		DRYDE!		4. DATE OF DEATH	Mo Ji	nth 11y	Doy 30		Yeor 19 60
5. SEX Female	6. COLOR OR RACE	7. MARRIED		-	8. DATE OF BIRTI		-	9. AGE (In years last birthdoy) 84. yrs	Months	Doys Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Homemake 13. FATHER'S NAME	ON (Give kind of work doking life, even if retired)	one 10b. KINI	O OF BUSINESS O	R INDU		e Hall	l, Mar		12. CI	TIZEN O	F WHAT	COUNTRY?
Thomas Elli	ott				Salli							
15. WAS DECEASED EVE	R IN U. S. ARMED FORC		IAL SECURITY NO.	. 17. H	NFORMANT			Ad	dress			
No	In yes, give war or ourse or ter	vice;		Mo	r. Thomas	s E. I	ryden	-2312 N.	Char	rles	Str	eet #1
Conditions, if o gove rise to i couse (o), stoling lying couse lost.	mmediate bull to bull	fil	le cong	u.	te N	lent for	des	co-il.			ET AND	
3 0 0	ractive	of by	s frigh	1)	6/7/00			Sa.	VEN IN PAR	(1 1(0) 15	PERFO	RMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE	E HOW INJURY OF	CCORRE	Cinter nature o	Finjury in P	ort I or Part	Il of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d. INJUR While of work	Nat while of work	20e. PL/ fee	ACE OF INJURY (I tary, street, office	bldg., etc.				County)		(State)
21. I certify the alive on	at I attended the country 30 FM TO	deceased 1 , 19 leg	, and that		accurred at.	0:10	M, fram	30, 19 G 1 the causes reet, city or town	and an t		e state	ed abave. ATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	220	c. NAME OF CEME Druid Ri					ION (City, town,	,,	rland	(Stote	e)
23. FUNERAL DIRECTOR		With	ADDRESS	m	d.		BY REGISTE	RAR 24b. REG	ISTRAR'S SI	GNATUR	E	

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mrs after death. Page 4 may be readined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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TO THE PARTY OF TH

THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME

To help to be trained on the con-

Line

TO DIFFER MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ye is necessary, please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to busial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7689

Reg. 647691

1. PLACE OF DEATH o. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If ourside corporate limits, write RURAL c. LENGTH OF Stand give nearest lewn) Reisterstown 54 y	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street a Old Hanover Road	ddress) d. STREET ADDRESS Old Hanover Road e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Marion Ovington	Duncan Lost July 23, 1960 Day Year Death July 23, 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA Male White WIDOWED DIVOR	Dec. 8, 1905 July 1905 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed U.S.F & G. Clerk	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Marion J. Duncan	14. MOTHER'S MAIDEN NAME Julia E.Belt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. acunknown) If yes, give wor or dotes of service) 215-07-83'	
11600	Occlusion Interval Between Disset and Death 10 min.
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying DUE TO	ectoris $5\frac{1}{2}$ yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I DONE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. DONE	EATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO-X} \)
	CURRED. (Enter nature of injury in Port I or Port II of item 18.)
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. NONE 19 While at work of work	factory, street, office bidg., etc.)
21. I certify that I took charge of the remains described the resulted from: Natural causes . Accident	
SIGNATURE D. D. Congles	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7-25-60
EXAMINER'S D. D. Caples, M. D.	DEPUTY MEDICAL EXAMINER
REMOVAL (Specify) Rurial July 26, 1960 Woodlaws	METERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Cemetery Woodlawn, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.F. Eline & Sons, Reisterstown, Mc	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 2 7 '60 Continuo 8. Kunsa

VS. A15ME(S) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH 772 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07693

1. PLACE OF DEATH O. COUNTY Balto			MARYLAND	o. STATE	IDENCE (When	e deceased	lived. If instituti b. COUNTY			e admiss	ian)
b. CITY OR TOWN (If our RURAL and give neare Catonsvi	st town)	ts, write	c. LENGTH OF STAY IN 18	c. CITY OR	TOWN (If out		ote limits, write R	URAL and	give nea	rest town)
d, NAME OF HOSPITAL OR INSTITUTION 201 No E	If not in haspital, g			d. STREET	ADDRESS 201 N.	Beec	hwood Av	7e.			FARM?
3. NAME OF DECEASED (Type or print)	WILLI		MILTON E	LARECKSON.	10-1	OF DEATH	Мог	July	Doy		Yeor 19 60
5. SEX 6.	color or RACE	7. MARE	RIED MEVER MARRIED DIVORCED	B. DATE OF BIRT			9. AGE (In years last birthday) 62 yrs.	Months	Days Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of working Clergyman 13. FATHER'S NAME	Give kind af wark (life, even if retired		shop Cummins E. Church	Md.	PLACE (State or		untry)	12.CIT	IZEN OF	WHATC	OUNTRY
William Milt	on Earecl	cson,	Sr.	Anna	M. Cac	У			9		
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT	MILLE		Add	ress			
no			N	irs. L. Ru	ith Ear	eckso	n - 201	N. Be	ech	boor	Ave.
1B. CAUSE OF DEATH PART I. DEATH	[Enter anly one co WAS CAUSED BY: MEDIATE CAUSE (a DUE TO)	adeno	carcin	oma	0	X			RVAL BE	
Conditions, if ony,	which \		519 m	and Co	olon	C			6	Ly	b
gove rise to imm couse (o), stating the lying couse last.	ediate (me	Las Tas	20						
PART II. OTHER 20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	BUT NOT RELATED TO	O THE TERMIN	AL DISEASE	CONDITION GI	VEN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED? NO
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in Po	rt I or Part	II of item 1B.)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	While of wor	Not while	PLACE OF INJURY foctory, street, office		20f. (City	ar tawn)	(County)		(State
21. I certify that (ditend	ded the deceased from	n / LL	nd 195	A, from/	feely .	nd an th			we) las labave
220. SIGNATURE	Les G	81	ally	M.D. ATTENDIN	NG MED DIRE	CTOR 🗆	STAFF PHYS.	7 - 1		22	b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	ENTEO	c 1:	A. WALLSO	22d. ADDR	RESS 39	0+0	Paul 4	14		7/1:	160
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREC)F	23c. NAME OF CEMETERY		2	3d. LOCAT	ION (City, tawn,	or county)		(Stat	e)
24 JUNERAL DIRECTOR'S		ry,	Jours - Bu	0+ 127/1	A50. REC'D	BY REGISTE		ISTRAR'S SI	GNATUR	E E	

silwamun, AND ENGINEER WILLIAM SOLD TO SEE THE SOLD THE SEE THE The state of the s STATE OF THE PROPERTY OF THE P OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

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VR A15 (4) 15M 9/59

rs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH PONISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07694

1. PLACE OF DEATH o. COUNTY BALTIM	ORE		MARYLAND	2. USUAL RESIDENCE (VO. STATE MARYLA		d lived. If instituti	on: Residen	ce before	admissi	on)
b. CITY OR TOWN (If RURAL and give neo	outside corporate limi	ls, write	c. LENGTH OF STAY IN 16	. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give near	est town)	
FORT HO			189 DAYS	BALTIN	10RE					
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g			d. STREET ADDRESS				e.	IS RESI	FARM?
VETERA	NS ADMINIS	TRAT	ION HOSPITAL	1450 I	ANGFOR	ED ROAD			YES [ио [Х
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mon	th	Doy	Y	'eor
(Type or print)	ARTH	UR	R. E	IDEMILLER	DEATH	JUL	Y	1	1	9 60
S. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B. DATE OF BIRTH	EM. III	9. AGE (In years lost birthdoy)	IF UNDER		-	
Male	White	WIDOWE	DIVORCED	February 24,	1898	62 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign o	country)	12. CITI	ZENOF	WHATC	DUNTRY
Clerk	ng life, even if retired		struction Ana	lyst Pennsyl	vania			U.	S.A	
13. FATHER'S NAME	THE PARTY	POI	ID OI GO O FOIL IEIG	14. MOTHER'S MAIDEN			7			
D-4 E4	Jan. 277 a.m.			Louise	Smirder	•				
Peter Ei		CES2 16	SOCIAL SECURITY NO. 17. I	1	privaer	Add	ress			
(Yes, no, or unknown) (If	yes, give war or dales of s	ervice) _			TATE D. 7			TToom		D. 2
Yes	10/10/ 1		10-	inical Rec. V	AH, Bal	to To Ma	· Pt.			
		use per lin	ne for (o), (b), and (c).]					ONSE	VAL BET	WEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	EDI	EMA OF THE LUN	GS				U	NKNO	WN
SANX	CRIVENTS									
Conditions, if on	y, which) (b	OLI	CEREBRAL INF	ARCTION RIGHT	r			U	NKNO	WN
gove rise to im	mediote (
lying couse lost.	ne under-		RKED GENERALIZ	ED ARTERIOSCI	FROSTS	3		TH	NKNO	WN
			ONTRIBUTING TO DEATH BU				/FN IN PAR			
CATIO					7777 772 575271			- ' '	PERFOR	NO [
PART II. OTHE	UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	n Port I or Po	rt II of item 1B.)				
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. It While of wor	Not while fo	LACE OF INJURY (Home, fai actory, street, office bldg., e		y or town)	(0	County)		(Stote
21. I certify that	★1) (this haspital) attend	led the deceased fram	ecember 14 1	259 . tai	July 1	160	, tha	tot) (v	ve) las
			19_60, and that							
220. SIGNATURE			2 /	acam accorded arges	.2.1111	ine eduses di	d dir iii	, 4410		DATE
6.60	alu 1	11	Im.		MED.	STAFFY PHYS.	7/	1/60		SIGNE
22c. PHYSICIAN'S	200 C	7	1	22d. ADDRESS	DIRECTOR E	FR13	1/	-/		
NAME (Type)			700		TMO M	רו דייי דייי	CICAL	DTUT	STON	
	ARIES ALLE	-	.0.	-		DFT HO		NT A YO	SION	
23a. BURIAL, CREMATION REMOVAL (Specify)	4	1	23c. NAME OF CEMETERY			TION (City, town,		-	(Stote	
Removal	July 4	/60	Allegheny Men							
24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	2So. REG	C'D BY REGIS		STRAR'S SIG	GNATURE		
Witake Fune	nol Din	101	Edmondson Ave.	Ralto MA DATE	JUL 5	60	Irilay	8 the	ua	150

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TOTAL DE DESCATE DE DEATH
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	Managarian and Control of the Contro

FOR STAT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within X2 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		C . WEL	DICAL E	XAMINER	S CERTIFICA	TE OF D	EATH	07698
1.	PLACE OF DEATH	Item 18.F	ilm G-26	57 7/27/60	OSUAL RESIDE			desidence before edmission)
	a. COUNTY	Baltimor		MARYLAND	a. STATE Mar	yland	b. COUNTY E	Baltimore
		outsida corporate limi	is, c. l	LENGTH OF STAY IN 1	c. CITY OR TOWN	N (If outside corporate	e limits, write RURAL and	give necrest town)
	1111	csysule	6 4 May 130	1 Hurs	Mut	NCHILLE	() =	53 - 2
Ħ		AL OR INSTITUTION (if not in hospitel,	1710	d. STREET ADDRES	55		e. IS RESIDENCE
	2 Tan	glewood Ro	ad		2 Tang	lewood Ros	ad	YES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month 6	Dey Yaar
	(Type or print)	KENNETH	EVANS			OF DEATH	July 4,	19 60
5.	SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH		GE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED [12-16-16	las	st birthday) Months [Days Hours Min.
		ON (Give kind of work	1 Land	F BUSINESS OR INDU	10 12 1	ata or foreign country		ZEN OF WHAT COUNTRY?
	ne during most of wor	king lifa, even if retire	d) E L		14 /-	and or foreign country	12. 611	
-	SAIESMA	- N	TOUNILI	AN JYRUP	WAIL	5	() SA
13.	FATHER'S NAME	T		/ /	14. MOTHER'S MAIDE	EN NAME	17 /	
	WILLIAM	LUAN-	5		MARY	ANNE L	DUKE	
1.00.1		R IN U.S. ARMED FOR yes give were relates of se		AL SECURITY NO. 17	INFORMANT		Address	0
110	VE !	WWIL	141-1	03-5444	FILEN FUA	NJ 7.1	ANY /5 WEOD	110
	18 CAUSE OF DE	EATH [Entar only ona	cause per line for	r (e), (b), and (c).]	11014		7 117 11 0000	INTERVAL BETWEEN
7		WAS CAUSED BY:	Amtor	ni osal anat	ic cardiova	saulam di	50050	ONSET AND DEATH
	11221	MMEDIATE CAUSE (a)	Artel	LIOSCIELO	TC Cardiova	scular di	.sease.	
	7	DUE TO						
	Conditions, if eny,							
	gave rise to immedie (a), stating the un	> DIFE TO						1
	cause lest.	(c)						
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	
ATIC								PERFORMED?
IFIC.	20e. EXTERNAL CA	USF WAS 2	Ob. DESCRIBE HO	OW INJURY OCCURED	(Entar neture of injury in I	Part I or Part II of itam	18.)	1.50 14.
CERTI	PRIMARY [] or COL			, , , , , , , , , , , , , , , , , , , ,				
-2	20c. TIME OF INJUI	N 44-41 D V-	1 204 INITIES	Y OCCURRED 20e. F	LACE OF INJURY (Home, fo	arm, ' 20f. (City or t	16	161
MEDICA	Hour a.m.	RY Month, Dey, Ye			actory, street, office bldg.,		town) (Cour	nly) (Stete)
ME	p.m.	19	at work	et work				
н	21. I certify the	at I took charge o	of the remains	described above,	held an Autopsy 😿,	Inspection	, Inquiry ,	and in my opinion
	death resulted fr	rom: Natural ca	uses . A	ccident , Su	icide , Homicid	e , Undete	ermined manner	
		1.1.	11 ,		CHIEF MEDICA	L EXAMINER		7/7/60
	ACTUAL	1/1/1 -1/	Town XX		ASSISTANT M	EDICAL EXAMINER	X	DATE SIGNED
	SIGNATURE _	Non y	aucy	X	M.D.	CAL EXAMINER		
	EXAMINER'S NAME (Typa)	Wm. V. Zov	ritt, M.I			t, city, town, or coun	ity)	
22e	BURIAL, CREMATION	N, 22b. DATE THERE	OF 22c.	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or country)	(Stete)
	BURIAT	7-11-6	0 13	4 / timone	VATIONA /LEK	13A/I	OM MD	
23	FUNERAL DIRECTOR			ADDRESS		EC'D BY REGISTRAR	246. REGISTRAR'S SIG	GNATURE
/	FFIN	11 × (11	118 11	Mt Peril	WE DAME	1 11 '60		
	11. LUHI	NOO . TON	110 101	11041 F	I DAME	- 11 00	Onther S. to	land

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MARYLAND STATE DEPARTMENT OF HEALTH 772 SDIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	o. COUNTY			LUE,	MARY	LAND	2. USUAL RESIDENCE		ed lived. If inst b. COU		sidence b	pefore admi	isian)
+		Baltimore TOWN (If outside corpor	rote limits wr	ite c EN	GTH OF STAY	INI Ib	c. CITY OR TOWN		arate limits, wri	e RIIRAI	and aive	negrest tow	(n)
	RURAL or	d give nearest town)	Ole Illinis, Wi			מו אוו			orole mails, wit	A /	and give	11	,
-		t Howard	enitet nive et	5			d. STREET ADDRES	imore	6.	V	73-	- IS DE	SIDENCE
3	OR INSTI	TUTION										ON	A FARM?
-		erans Admin	istrat	ion Ho			829	Patapso	co Aven	1e		YES	NO
	3. NAME OF DECEASED		First		Middle		Last	4. DATE		Manth		Day	Year
	(Type or pri		HENRY		M.		FAGAN	DEATH		JULY		4	1960
	S. SEX	6. COLOR OF	RACE 7.	AARRIED	NEVER MARRIE	D	B. DATE OF BIRTH	12.23	9. AGE (In ye			EAR IF UNE	
	Mal	e White	WID	OWED	DIVORCE		October 30	, 1899		yrs.	inis Da	lys Hours	Will.
	10a. USUAL O	CUPATION (Give kind of of working life, even if	f work dane	106. KIND O	F BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (S	lote or fareign	country)	12	. CITIZEN	OF WHAT	COUNTRY?
		chman	renreaj				Pen	nsvlvani	ia		U	I.S.A.	
	13. FATHER'S N	AME					14. MOTHER'S MAID	EN NAME					
	Rohe	rt Fagan					Reh	ecca Jar	ne Hein	VIOS			
1		ASED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	SECURITY NO.	. 17. IN	FORMANT	coca var	ic Halli	Address			
	(Yes, no, or unknown	rn) (If yes, give war or					in Dogganda	77 - L A-	Swille and 1	2-74-	312	TOT II	
/	Yes	IIWWII			-01-526		in.Records	vet.Ac	imHoso .	sarto			
1	1	OF DEATH [Enter anl)		er line far (a	1), (b), ond (c).							INTERVAL E	D DEATH
	PA	RT I. DEATH WAS CAUS	AUSE (o)	EDEN	IA OF TH	EL	JNGS			- 1-0		UNKNO	WN
	5	771	PUE TO										
		ns, if any, which	(b) 2	- CARC	CINOMA (OF TI	E PROSTATE	WITH M	ETASTAS	IS TO		13 YF	CARS
		se to immediate stating the under-	DUE TO	BONE	E. LIVE	RANT	RIGHT LUN	IG:	911.0	100		-	
	lying con		(c)	2014.	3, 22. 72.	b anim	10.0111 201						
	Z PA	T II. OTHER SIGNIFICAL		NS CONTRIB	BUTING TO DEA	ATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION	GIVEN IN	PART 1	o) 19. WAS	AUTOPSY
1	PA ACCI												ORMED?
	20g. ACCI	DENT WAS UNDERLYING	3 □ 20b.	DESCRIBE H	OW INJURY OF	CCURRED	. (Enter noture of injur	y in Part I ar Pa	rt II of item 1B.)			
	OR CONT	IBUTING CAUSE OF	DEATH										
			-	Od. INJURY O	OCCUPPED	20a DI A	CE OF INJURY (Home,	form 206 (C)	y or town)		(Cou	-h-A	(Stote)
		o. m.	W		ot while		tory, street, office bldg.		y or lown)		(C00	miyj	(31016)
	W.	p. m.	19 0	work ot	work						-		4
	21. I cer	ify that (this ha	ospital) at	tended the	e deceased	from	May 10	1960 , 196	W2X74/	127.1	1625	CHO) YINCHOND,	(We) last
	1	deceased alive ar					eath accurred all	2:LAMMon	the causes	and ar	the d	late state	d abave.
	22a. SIGN		Λ	٨									2b. DATE
		V. Quia		1/20	usen	' '	A.D. PHYS.	MED. DIRECTOR	STAFF N		7/	4/60	SIGNED
	22c. PHYSI			Y-			22d. ADDRESS				- 1/	-1/	
	NAM	PHILIP J	ENSEN.	M D			VAH. BA	LTO. MD.	FT HO	IARD	DTVT	SION	
-	23a. BURIAL, C				NAME OF CEMI	ETERY OF			ATION (City, to				ate)
	REMOVAL	(Specify)	-6-60										ate)
-		7 444	-0-00		Grandvi	.ew C			Ltoona,				
		IRECTOR'S SIGNATURE	,		DDRESS			REC'D BY REGIS	'60 2Sb. 1	EGISTRAF	my d.	Firens	
	Vm-Cook	Blight Inc	6009	Harfo	rd Rd.	Palt	MAG DATE	Jur o					

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7729

CERTIFICATE OF DEATH

Reg. Dist. No. 98

1. PLACE OF DEATH a. COUNTY Ba	ltimore	MARYLAN	2. USUAL RE O. STATE	Maryland	ceased lived. If institution b. COUN'	ution: Residence b	efore admission)
b. CITY OR TOWN (IF	outside corporate limits, write prest town)	c. LENGTH OF STAY IN	Ess		corporate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAR	L (If not in hospital, give street em Ave. & I	oddress) Birdwood Rd	d. STREET BOX		14, 20,	Md.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	first Carri		Fiel	tus 4. DA	ATE MATH July	anth 28,	Day Year 19 66
5. SEX Female	White Widow	RIED NEVER MARRIED [TOO IO		9. AGE (In years) birthday	Months Day	AR IF UNDER 24 HRS. YS Hours Min.
100. USUAL OCCUPATION	N (Give kind of work done 10b	KIND OF BUSINESS OR IN		PLACE (State or fore		U.S.	OF WHAT COUNTRY?
13. FATHER'S NAME W 1	lliam Koeste	r	14. MOTHER	'S MAIDEN NAME UNKNOW	'n		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 yes. ON ONE of service		7. INFORMANT	la Debel	ius East	ddress em & E	31rdwood H
PART I. DEAT	mediate (ine for (o), (b), and (c).	Coman	L c 1	neteste	2	NTERVAL BETWEEN NISEY AND DEATH NOTE AND DEATH
CATIC	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	O THE TERMINAL DI	SEASE CONDITION C	GIVEN IN PART 1(a	PERFORMED? YES NO
20g. ACCIDENT WAS OR CONTRIBUTING I	☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	JRRED. (Enter nature	af injury in Part I o	r Part II of item 18.)		
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. While at wo	Not while	PLACE OF INJURY foctory, street, aff	(Home, form, 20f. ce bldg., efc.)	(City or town)	(Coun	ty) (State)
21. I certify the olive an	at I attended the decea	60	m.D. D.			ond on the	saw the deceased dote stated above. DATE SIGNED
220. BURIAL, CREMATION	8-1-1960	Oak Law			ocation (City, town, stern Av		(Stote)
23. FUNERAL DIRECTOR'S John J. D	signature uda 7922 Wie	ADDRESS se Ave. 22,	Md.	24a. REC'D BY RI		GISTRAR'S SIGNA	

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Titem G267 7/14/60 iwk
CERTIFICATE OF DEATH 7687 Reg. Dist. No. filed with director after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Balto. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) the fune Nev d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? by 12 YES NO pup 2 3. NAME OF First Middle 4. DATE Last Day Year filled DECEASED Pages (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 186 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs WIDOWED V DIVORCED popers. comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or foreign county) 12. CITIZEN OF WHAT COUNTRY? eath. during mast of warking life, even if retired) and carbon ousenite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address offending CAUSE OF DEATH [Enter only one cause pe line far (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SET AND DEAT DUE TO þ ony Conditions, if any, which gave rise to immediate per **DUE TO** cause (a), stating the underpuo lying cause lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? age) ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) certificate DATRIBUTING CAUSE OF DEATH CHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) a. m. While Nat while at wark at wark p. m 21. I certify that I attended the deceased from burial, Lithat I last saw the deceased detached alive on that death accurred at 2/15/1M, from the causes and an the date stated phave. OR: ADDRESS (Street, city DATS SIGNED DIRECT ACTUAL pe SIGNATURE 3 should the registrar PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) arthur S. Kroup DATE JUI 15M 10/57

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	TATE DEPARTMENT OF HEALT	
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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7()()

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PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	a. STATE	CE (Where deceose	ed lived. If institution b. COUNTY	n: Residence be		an)
, RURAL and give ne	outside corporate limits, arest tawn)		th of stay in 16 5 yrs.			orote limits, write R		nearest town)	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give River Ros			d. STREET ADDI				e. IS RESII ON A YES	FARMZ
3. NAME OF DECEASED (Type ar print)	First FRANCIS	JOSEPH	Middle FISHER	Last	4. DATE OF DEATH	Mon Ja	th	/	eor 960
5. SEX Male	6. COLOR OR RACE 7.	MARRIED N	DIVORCED	B. DATE OF BIRTH Aug. 14,	1894	9. AGE (In years lost birthday) 65 yrs.	Months Doy	AR IF UNDER	R 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of working Barbe 13. FATHER'S NAME	N (Give kind of work doning life, even if retired) T		f Employe		yland	country)		S. A.	DUNTRY?
7	nk A. Fisher				ary M. Mi		Hn.	30	3.
	IN U. S. ARMED FORCE: If yes, give war or dates of service		0007	s. Mary E.	Fisher F	Adde River Rd.	Ellicot	tt City	v. M
Conditions, if on gave rise to in couse (a), stoting t lying couse lost. PART II. OTH 20a. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY)	mediate (ions_contribu	ITING TO DEATH BU	T NOT RELATED TO TH	ETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a	19. WAS A PERFOR	SWED5
	MEDICAL EXAMINER)	b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of in	iury in Part I or Po	rt II of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year			LACE OF INJURY (Homoctory, street, office blo		y ar town)	(Count	(y)	(Stote)
21. I certify the olive on	cory-e C	12 60. Bug			ADDRESS (S CHURC LICUTT	the couses an Street, city or town,	state)	te stoted	abave.
Buria 1 23. FUNERAL DIRECTOR'S	July 7, 19		t. Mary's	Cemetery	. REC'D BY REGIS	chester, h	Md. STRAR'S SIGNAT	TURE	
task	on sons	Cato	nsville,	Md. DA	TE JUL 7	60 0.	reliver S. H	roud	

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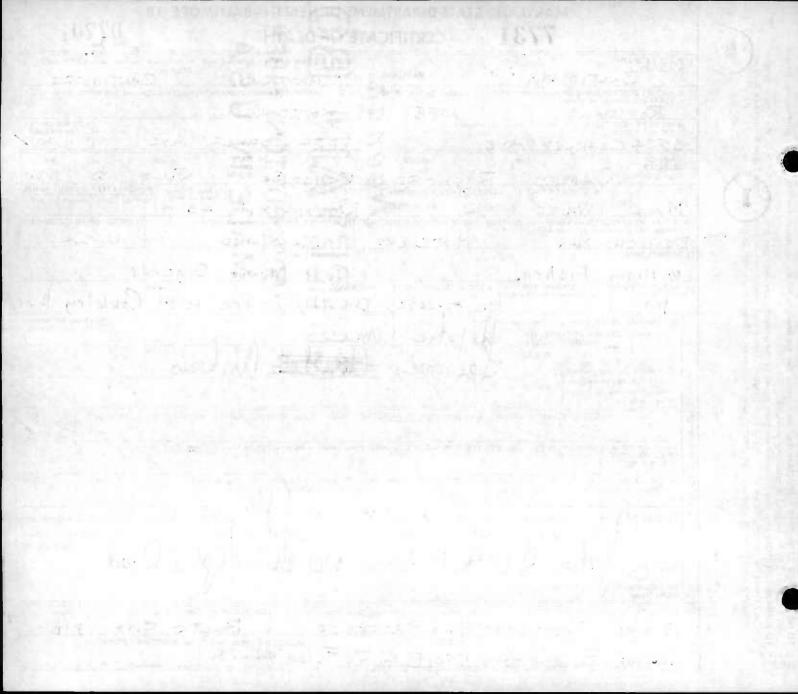
VS A15 (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7731

CERTIFICATE OF DEATH

07701 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
BALT I MORIE MARYLAND	MARYLAND BALTIMORK.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ROSEDALIE LIFE	V KOSEDALE.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
6534 CORKLEY AVE.	16534 CORKLEY. AVE YES NO IT
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH JULY 26 1960
VAIIVS RICHARD	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Mountain Manual Land	last birthdoy) Months Days Haurs Min.
MALE WHITE WIDOWED DIVORCED	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
DELIVERY MAN. HUTZLERS.	MARYLAND USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Fisher	Rose Marie Diggens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. II	NFORMANT Address
No 215-07-2672	Donothy Fisher 6534 Lokkley Huy
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (p), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	MU ONSET AND DEATH
DUE TO	
V 6 7 20 M 20 0 -	LANAMIO
gave rise to immediate	CMARIE (VVVVVVVV
couse (o), stating the <u>under-</u> lying couse last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	PERFORMED?
5	YES NO M
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part 1 or Part 11 of item 18.)
	ACE OF INJURY (Hame, Jaryn, 20f. (City or town) (County) (State)
Hour o. m. While Not while of work of work	ctory, street, office bldg, etc.)
1 1000 2	10 (90 to 100 10 10 10 10 10 10 10 10 10 10 10 10
[21. 1 centry might allended the deceased from	, iy , ia ii , iy , indi i iasi saw the deceased
alive on all hat death	accurred at 2:00 RM, from the causes and on the date stated above.
LACTUAL XXIII Y / OLH M.O	APPRESE Street, city or town stole) DATE SIGNED
SIGNATURE SIGNATURE	M.D. DUP I MARIAN PUR KORA.
PHYSICIAN'S	
NAME (Type)	V
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	CEMER. BALTO, CITY MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Joseph Fineral Home 7401 Rolain	ROTE JUL 27'60
	The First Park



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission) . COUNTY Baltimore o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Jundalk timore 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 4303 sher Road Lenmore P NAME OF Middle DATE DECEASED OF DEATH tlemino (Type or print) lan 5. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED DEVER MARRIED 8. DATE OF BIRTH IFUNDER TYEAR Days WIDOWED | male DIVORCED T yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oud Delaware ankon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes, give war or dates of service Give 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which pencil alang gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. pending in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY 00 CERTIFICATION 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED i 20f. (City or tawn) (County) writing the w factory, street, office bldg., etc.) Not while o. m. 3 of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection 4 Inquiry A and find that to the Chief / death resulted from: Natural causes Accident . Suicide . Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER removal EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) arkwood emetery 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR DATE JUL 21 '60 Hartord Road arthur S. Hraus SM 9/55

. IS RESIDENCE

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IF UNDER 24 HRS.

Hours

same

PERFORMED? NO

DATE SIGNED

(Stote)

(Slote)

YES NO NO

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7732

CERTIFICATE OF DEATH

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							Keg. Dist	1. 140.	
1. PLACE OF DEATH o. COUNTY B	altimore	MARY	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryl		ed lived. If institution b. COUNTY	on: Residence	e before odmissi	on)
b. CITY OR TOWN (I	f outside corporate limits,			c. CITY OR TOWN (If o	outside carp	orate limits, write R	URAL ond gi	ive nearest fown	1
Catonsvi	lle	Byr4mth28d	ys	Baltimore			315	01-	-4-
OR INSTITUTION	AL (If not in hospital, give	street address)		d. STREET ADDRESS	-	-	3	e. IS RESI	DENCE FARM?
	OVE STATE	HOSPITAL		3378 North	Aven	ue			NO 🗌
3. NAME OF DECEASED (Type or print)	Cha rl	es Edward E nt		Foley	4. DATE OF DEATH	Mon Jul			reor 9 60
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED X	B. DATE OF BIRTH	-	9. AGE (In years		YEAR IF UNDE	
male	white w	IDOWED DIVORCE	D	Dec. 17, 191	2	lost birthdoy) yrs.	Months [Days Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work donking life, even if retired)	e 10b. KIND OF BUSINESS C	OR INDUS			country)	12. CITIZ	ZEN OF WHAT	COUNTRY
labore				Maryl	and		U.	S. A.	
13. FATHER'S NAME			15113	14. MOTHER'S MAIDEN N					
Patric	k G. Foley			Kather	ine S	chrota			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO). 17. If	VFORMANT		Addi	ress		
110th fld.	art. 1934?	213-05-5660	Rec	ords: SPRING	GRO	VE STATE	HOS	PITAL	
IB. CAUSE OF DEA	TH [Enter only one couse	per line for (o), (b), and (c).	1					INTERVAL BET	WEEN
PART 1. DEA	TH WAS CAUSED BY:	Myocard	ial	infarction				ONSET AND	DEATH
left > c	DUE TO								
Conditions, if or	Conditions, if ony, which } Cardiovascular disease								
gove rise to it	gave rise to immediate								
lying couse lost.	the under-		ionii Mali					- 10.5	
PART II. OTH		IONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WAS A	UTOPSY
ATI	To Sant Story							PERFO	NO T
PART II. OTH	S UNDERLYING 1 208	b. DESCRIBE HOW INJURY O	CCURRED). (Enter noture of injury in P	Port I or Po	rt II of item 18.)			110 (12)
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work of work	20e. PL/ foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	, 20f. (Cit	y or town)	(Co	ounty)	(Stote)
21. I certify th	at I attended the de	eceased from Fel	b. 7	, 19_52, to Ju	ly 5	1960	that I le	ast saw the	decease
alive an Ju	ly 5	1960 and that	death	accurred at 6:30					
	B1 00 /1	0' 12				treet, city or town,			TE SIGNE
ACTUAL	Stilla Me	achilles	,	A.D. SPRING G	ROVE	STATE H	HOSPIT	AL 7-5	-60
BHACKLIVIA	Stella Wachs	ler, M. D.		Catons vil	le 28				
220. BURIAL, CREMATION ALMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMI	ETERY OF	CREMATORY	20. LOCA	TION (City, town, o	r county)	(State	R
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	,	240. REC'E	BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN	NATURE	
1 1 Ja	Key Hana	13/8 huy	The	DATE BELL	1 8 18	30 75	Thur 8 9	KraseA	
1				(11)		10 1 60	govery a. 1	O'CHURCH !	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

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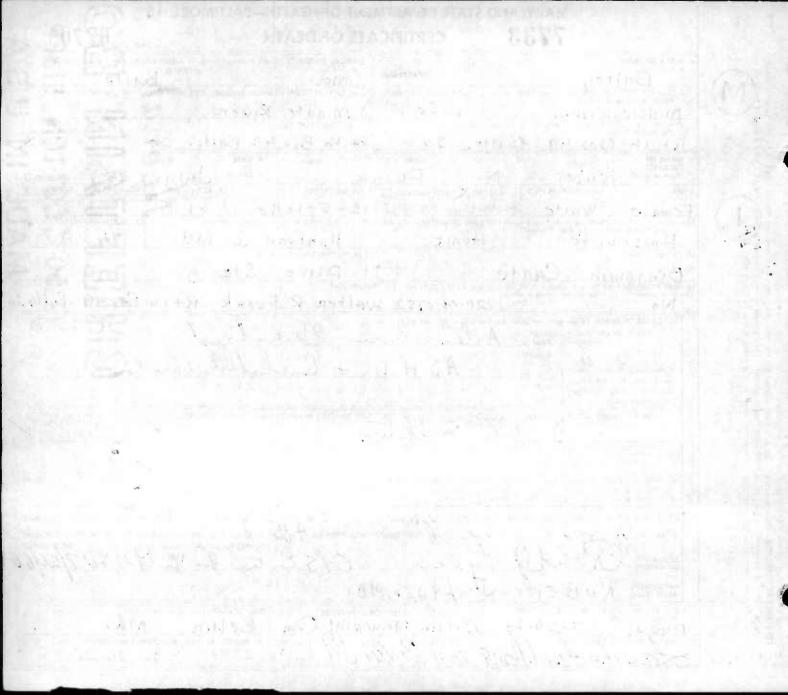
	1		1000	C	EKIIFICA	E OF DEATH		(/ 0	103
		PLACE OF DEATH	Palto.		MARYLAND	2. USUAL RESIDENCE (WI		nstitution: Residence bo	efare admission)
		CUTOU	tus		OF STAY IN 16	c. CITY OR TOWN (IF COLLECTION	outside corporate limits,	write RURAL and give	nearest town)
		d. NAME OF HOSPI OR INSTITUTION	4200W	ilkens	aw	24200 U	Vilke	no are	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	650	eanor	Middle	Fax	4. DATE OF DEATH	ly 1"	7 1960
	-	Temak	6. COLOR OR RACE	WIDOWED	DIVORCED [May 16,		yrs. Months Doy	
	100 K	ewilg most of wor	ON (Give kind of work of king the leven if officed)	one 106, KIND OF BI	on horus	M	L	12. CITIZEN	S, Q,
		FATHER'S NAME	.W. Fo	*	0	14. MOTHER'S MAIDEN N	a Wat	kins	
1		WAS DECEASEDEV s, no, or unknown)	EK IN U. S. AKMED FOR (If yes, give war or dates of s	ces? 16. social sec	0194 Mr	. David by	elegro	Address 24-	ycans Cu
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	Clase	o), and (c).	lungs		0	NTERVAL BETWEEN INSET AND DEATH
		Conditions, if a gave rise to couse (a), stoting	immediate (ilvula	r thearl d	neure	-	3 yrs.
		lying couse lost.		, letter	rio .s	eleros			rogu.
	ICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)			. (Enter nature af injury in		18.)	
	MEDICAL	Haur a. m. p. m.	RY Manth, Doy, Yes	While Nat wat work at work	hile fact	CE OF INJURY (Home, farm ory, street, office bldg., etc		(Coun	ty) (Stote)
1		saw the desea	at (I) (this haspital	attended the d		eath accurred of I	M, from the days		that (I) (we) last ate stated above.
		220. SIGNATURE	e Cela	Jeles.			ED. STAFF		22b. DATE SIGNED
		22c. Priesto Mis	O.E. WE	ELLS,	7	22d. ADDRESS & 4/00 & A	luonds	onleve.	-/ Jules 20
		REMOVAL (Specify	1 7/20	160 1	AVIANTE AVIANT	e. M.	23d OCATION (City,	10.71	Med
	24.	CHARLE TOP	7. W. 410	ol Gam	ondso.	25a. REC	D BY REGISTRAR 2Sh	REGISTRAR'S SIGNA Orthun S. H	

ALSON TO THE REAL PROPERTY OF THE PARTY OF THE PAR Marie Contract of the Contract 15 64 。 《中国》(1) 《中国》(1)

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
7733	CERTIFICATE	OF DEATH	Reg

Dist. 07705

1. PLACE OF DEATH		2. USUAL RESIDENCE (Who			ence befare ad	missian)
o. COUNTY	MARYLAND	a. STATE	b	COUNTY 12 A I	to.	
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporate lin	nits, write RURAL and	give nearest t	tawn)
RURAL and give nearest tawn)	Life	Donadla V	2			
d. NAME OF HOSPITAL (If not in haspital, give street addr	F-1-1-	d. STREET ADDRESS	ziven		I . 16	RESIDENCE
OR INSTITUTION	633)	2011	0 10 11	4	0	N A FARM?
R+ 16 BOX 49 Balto,	, 20	K+ 16 BOX 4	19 159170	, 20	YES	ON D
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print) Kuba V.	FRAN	IC	DEATH	uly:	25	1960
S. SEX 6. COLON OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UND) birthday) Manths	Days Ho	1
Female White WIDOWED	DIVORCED [12-5-189	8 6	yrs. Manins	Days Ho	ors min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KINI	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12.C	ITIZEN OF WH	AT COUNTRY?
during most of working life, even if retired)	ome	Manfond	Cc. N	VCI -	11.5.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AMF	10()	V	,,
2 - 1 0 - 11 -		n i		de		
Denjamin Caaje		Hille	Stron		102	
15. WAS DEGRASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, go, or unknown) [1] (If yes, give war or dates of service)	CIAL SECURITY NO.	NFORMANT	1	Address	1.0	P. H.
No 220	0-01-0752 V	valter K 1-	RANK	R+16 13	0×49	DG110 2
1B. CAUSE OF DEATH [Enter anly ane cause per line fo	or (a), (b), and (c),	^^	0	A	INTERVA	LBETWEEN
PART I. DEATH WAS CAUSED BY:	to relieve	is I leve	alis.	/ -	ONSELA	ND DEATH
IMMEDIATE CAUSE (o) . DUE TO	04/2014/	,	0 , 20	0		
1000.0	ASUN	46.1	100	10		
Canditians, if any, which gave rise to immediate (b)	11711	or and	- NOUT	usery	30	
cause (a), stating the under-						
lying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19. W	AS AUTOPSY REORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON	meltales	·				O NO
	E HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Port II af i	tem 1B.)		
200. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		ACE OF INJURY (Hame, farm,		n)	(Caunty)	(State)
Haur a. m. While at work	1101 111116	ctary, street, affice bldg., etc.)			
		- 61 M	0 20	10.		
21. I certify that attended the deceased	from V	, 190 v, tavb	24 42	_, 19_69that I	last saw the	e deceased
alive an 1960	, and that death	accurred at TIP	M, fram the c	auses and an t	he date sta	ited abave.
and III f) ()	2 -0'	ADDRESS (Street, ci	ty ar town, state)	1 6 4	DATE SIGNED
SIGNATURE . Ju	1 den.	M.D. 515 Cm	ten In	- 1215L	1 md	1/24/60
DAT	- 1					,
PHYSICIAN'S ROBERT	· LYDEN, M	1-D·				
	C. NAME OF CEMETERY O	D CREMATORY	22d LOCATION II	City, tawn, or caunty	1	State)
REMOVAL (Specify)	2 104	- A C	12014	b A	1	Jidie
Burgal 1-29-69 1.	01/201-110	lorial com	Delal	JYL	V /	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Role	240. REC'E	BY REGISTRAR	24b. REGISTRAR'S		
Lassen Jan Home	1401 1-6100) (CU, DATE J	JL 2 7 '60	- ineset	S. Huile	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07708

D. PLACE OF DEATH	ltimore	MARYLAND	2. USUAL RESIDENCE (W a. STATE	here deceased lived. If inst b. COUI		befare admission)
RURAL and give ned	autside carporate limits, write arest tawn) SVILLE	e c. LENGTH OF STAY IN 16 2mt h8dys		autside carporate limits, wri	ite RURAL and giv	e nearest tawn)
d. NAME OF HOSPITA	AL (tf nat in haspital, give stre	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO DE
- SPRING GRO	OVE STATE HO	OSPI TAL	000 proof	kwood Road		IES NO M
3. NAME OF DECEASED (Type or print)	Louisa	Middle Middle	Friese	OF	Month July 23.	1960 19
s. sex female		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthdo	ay) Manths D	YEAR IF UNDER 24 HRS. ays Haurs Min.
10g LISUAL OCCUPATIO	N (Give kind of work done 10	0b. KIND OF BUSINESS OR INDI				N OF WHAT COUNTRY?
during most of worki	ing life, even if retired)	D. KIND OF BUSINESS OK INDI	Unknowr	a		S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Unknown	Ω		Unknown			
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
unknown	If yes, give war or dates of service)	Unknown Re	ecords: SPRIN	NG GROVE ST	TATE HOS	PITAL
Conditions, if an gave rise to in cause (a), stating t	nmediate DUE TO	Arteriosclerot Generalized ar	ic cardiovasc			years years
) (c)	NS CONTRIBUTING TO DEATH BL			I GIVEN IN PART 1	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I ar Part II af item 1B	.)	
ZOc. TIME OF INJURY Haur a. m. p. m.	Wh		PLACE OF INJURY (Hame, far factary, street, affice bldg., et	rm, 20f. (City or tawn) tc.)	(Car	unty) (State
		ended the deceased fram		060 to July 23		
	ed alive anJuly_	_231960 and that	death accurred at	AM, fram the causes	and an the	
22a. SIGNATURE	Lietta y.	F. Han	M.D. PHYS.	MED. STAFF PHYS.	-	22b. DATE SIGNED 23, 196
22c. PHYSICIAN'S NAME (Type)	LORETTA Y.	F. HSU		SPRING GROVE Catonsville 2		HOSPITAL
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	7/26/60	23. NAME OF CEMETERY	OR CREMATORY,	23d. LOCATION (City, to Baltimore,	iwn, ar caunty)	(State)
24. FUNERAL DIRECTOR'S Witzke F. I	s signature D. 4101 Edmor	ADDRESS		C'D BY REGISTRAR 25b.	REGISTRAR'S SIGN	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7688

CERTIFICATE OF DEATH

12207

					Keg. b	15115-15-15-15	
PLACE OF DEATH G. COUNTY	Baltimore	MARYLANI	2. USUAL RESIDENCE (W o. STATE		If institution: Reside COUNTY Ba	timore	
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write earest town) OTNEU	c. LENGTH OF STAY IN 1	1 X C.	outside corporate lin	nits, write RURAL ond	give nearest tow	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not find hospital, give street) 3207 E. Jop	pa Road	d. STREET ADDRESS 3207 E.	Joppa	Rd.	e. IS RES	FARM2
3. NAME OF DECEASED (Type ar print)	Rosie	Middle Lee	Fuller	4. DATE OF DEATH	July	Day 4	Year 19 60
s. sex	1	RRIED NEVER MARRIED DIVORCED	9-16-1875	lost	birthday) Months	R 1 YEAR IF UND Days Haurs	ER 24 HRS Min.
during most of war	ON (Give kind af work done 10) king life, even if retired)	D. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Store	or foreign country)	12.CI	TIZEN OF WHAT	COUNTRY
13. FATHER'S NAME	am Henry Per	in Dent	14. MOTHER'S MAIDEN		n	0,00	
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	5. SOCIAL SECURITY NO.	Howard Fu	ller	Address	le feet	15
	mmediote Dus TO	line for (o), (b), and (c).] Degeneral	to heart of	diseise		INTERVAL BE	DEATH
CATIC	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	IINAL DISEASE CON	DITION GIVEN IN PA	PERFC	AUTOPSY ORMED?
	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS CONTROL C	SCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in	Port I ar Port II of	item 18.)		
Y 20c. TIME OF INJUI Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, farr factory, street, affice bldg., etc	m, 20f. (City ar tax	vn)	(Caunty)	(Sfote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Haveld Harold	1 1	, 1940, to	My from the c ADDRESS (Street, c Harfin	., 1960, that I I auses and an th ity ar town, state)	ne date state	
220. BURIAL, CREMATIC REMOVAL (Specify DURLAL	7/7/1960	Hiss Met	or crematory cem.	Balti	more, Ma	l.	ie)
23. FUNERAL DIRECTOR	0 0 1	ADDRESS Hartond Ro	240. REC	D BY REGISTRAR	24b. REGISTRAR'S S	- 11	



month of the				Applied Duble	
				1,000	
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and one	Wer w	the area of			
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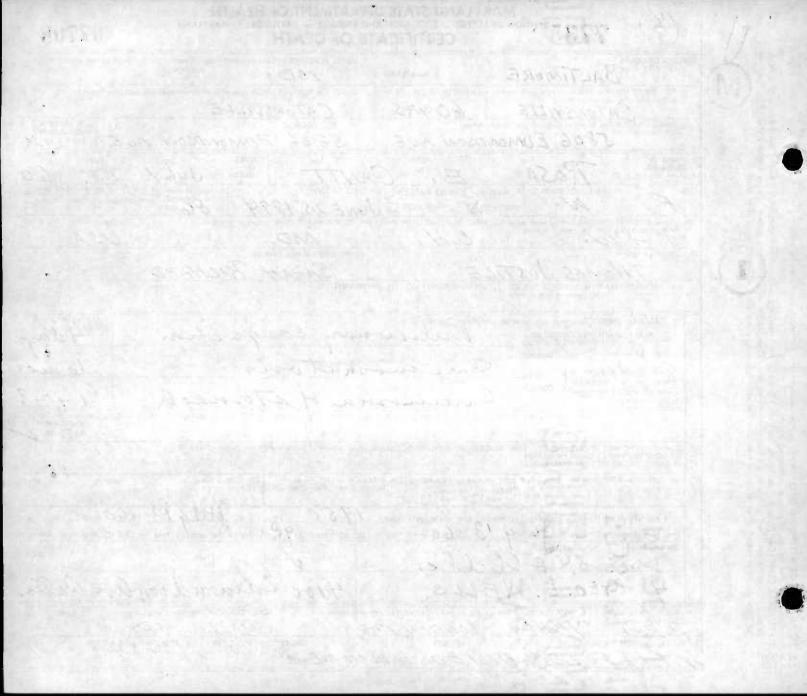
inding physicion. To the bright has been signed by the ottending physicion and campletely filled in by the funeral director, the burial-transit permit. Then please refine careon papers. Pages 1 and 2 should be filed with L, cremation, or remayol, and in any event, within 72 hours ofter death.				1
inding physicion. I toote has been signed by the ottending physicion and campletely filled in the burial-transit permit. Then please refused activities. Pages I am by cremotion, or remayor, and in any event, within 72, haurs offer death.		by the funeral director,	d 2 should be filed with	(
inding physicion. Icote hos been signed by the ottending physicion ond campletely fill himself the broad permit. Then please refined carbon popers. Pages by crematory, or remarvol, and in any event within 72 haurs offer death.		ed in	l an	h.
inding physicion. I cote hos been signed by the ottending physicion and camplete he burial-transit permit. Then please refine a carbon popers, cremavolion, or remavol, and in any event, within 72 haurs ofter		ly fill	Poges	deat
inding physicion. icote hos been signed by the ottending physicion ond can be burial-tronsit permit. Then pleose remove convon poply, cremotion, or remavol, ond in ony event, within 72 hours		nplete	ers.	ofter
inding physicion. Icote hos been signed by the ottending physicion on the buriol-tronsit permit. Then please refuse active is cremotion, or removal, and in any eved, within 72,		d can	pop r	haurs
inding physicion. icote has been signed by the attending physicion the burial-transit permit. Then please remove a ty cremation, or remarvol, and in any event, withit		no n	POOL	77
inding physicion. icote has been signed by the ottending phe be build-tronsit permit. Then please reful, cremotion, or remaval, and in ony event		ysicio	ove co	withi
inding physicion. icote hos been signed by the ottendir he burial-tronsit permit. Then pleose c, cremotion, or remayol, and in any or		d bu	rem	even
inding physicion. icote hos been signed by the o he burial-tronsit permit. Then I, cremotion, or remavol, ond ir		ttendir	pleose	non i
inding physicion. Icote hos been signed by he burial-tronsit permit. I, cremation, or remavol,		the o	Then	ond in
inding physicion icote hos been s he burial-tronsit , cremotion, or		igned by	permit.	remayol,
inding physicate has be he burial-tr cremation	CION	een s	onsit	, or
icote he bu	phys	hos be	rial-tr	notion
	guipu	cote	he bu	l, cren

MARYLAND STATE DEPARTMENT OF HEALTH

TO 3 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	here deceased lived. If instituti b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1500-	outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 5806 EDMONE	ddress)	d. STREET ADDRESS	EDMONDSOIX	AUE e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE Mor	
1100/1	THE THE MARKIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OHA,	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	COCIAL SECURITY NO. 17. IN	JHRAP.	HICHAR!	ress
(Yes, no, or unknown) (If yes, give war or dates af service)	Deine Secont 1 No. 17. II			
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	Pur emo	mary co.	is	INTERVAL BETWEEN ONSET AND DEATH CARY
couse (o), stoting the <u>under-</u> DUE TO (c)	acin or	na of i	Fornacle	142
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART NO PART 100 PART NO PA
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While of work	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive an July	7 /	- 6		3., 19.6.0 that (1) (we) last and on the date stated above.
220. SIGNATURE	000.	ATTENDING . / M	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S ANAME (Type GEO. E. WE	: 445,	22d. ADDRESS 4/00	Edwords	on ave. Ballo
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	. 2
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OF EDMOND	SON AVE DATE	The state of the s	STRAR'S SIGNATURE



VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY BALO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURA) and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3077 BAIDER HUE	d. STREET ADDRESS 13077 BABER AVE e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EIEN (Middle ()	17 S K 1/N/S 2. DATE Month Day Year OF DEATH SULU 15, 1960 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	NOV 1, 1880 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MARY/AND USA
13. FATHER'S NAME THOMAS WHEELEY	14. MOTHER'S, MAIDEN NAME ELEN OWENS
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	FAMILY RECORDS
18. CAUSE OF DEATH [Enter only one couse per line for (#), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c)	ed artempeleson
	NUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while at work at work	PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from alive on 19 0 and that deal signature Day Market 1999 DONALD W. MANTZER	ath occurred at 12 BM from the causes and an the date stated above ADDRESS (Street, city ar town, state) M.D. 3 CO 9 CHELLE SIGNE ADDRESS (Street, city ar town, state) DATE SIGNE ADDRESS (Street, city ar town, state)
	OR CREMATORY PR 22d. LOCATION (City, towns, or county) (State) MEMORIAN PR DAILS (M)
3. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AREA	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CARD DATE JUL 1 9 '60 Chilling & Kinga

The second control of	MATO NON	ALE, POLICE TO	
		TO THE REST.	
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VS A1S (4) 1SM 9/S8

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7737	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

07710

Reg. Dist. No.

PLACE OF DEATH O. COUNTY	Baltimore		MARYLAND	a. STATE	Maryla		d lived. If institu b. COUNT			
RURAL and give no	f outside corporate limi earest town) erlea	ts, write c. LEI	NGTH OF STAY IN 18		TOWN (If or		orate limits, write	RURAL and g	give nec	irest town)
d. NAME OF HOSPIT OR INSTITUTION 137	TAL (If not in hospital, g		s)	d. STREET		ipple	Ave			e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Fir		Middle		ıst	4. DATE OF DEATH	Mo	onth	Do	
S. SEX	6. COLOR OR RACE	The second second	NEVER MARRIED		тн	DEATH	9. AGE (In year lost birthday)			IF UNDER 24 H
Male	White	WIDOWED	DIVORCED	Nov. 3,	1892		67 yr	S		
Check	king life, even if retired		ansit		Baltim	ore,		12. CITI		USA
13. FATHER'S NAME	ohn Gemei	ah and+		14. MOTHER			Stoecker			
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	INFORMANT	na	ша		Idress		
Yes, no. or unknown)	(If yes, give wor or dates of s		0-1004	irs. Gera	ldine	Duke	137 Sip	ple Av	re.	6
OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u> DUE TO ter SIGNIFICANT CON	Ortu	BUTING TO DEATH B	when in	OTHETERMII	me	rW	IVEN IN PAR	T 1(o) 1	9. WAS AUTOI PERFORMED YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While h		PLACE OF INJURY foctory, street, offi			or town)	(0	County)	(St
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Nava Connect the	deceased from 19 60	_, and that dea	th accurred a		M, fram	the causes a treet, city of town	nd on the		v the decea e stated abo DATE SIG
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial		ZZC.	NAME OF CEMETERY			57507	TION (City, town	e. Md		(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	Home	7401 M	law Ro	1	BY REGIST		GISTRAR'S SIG		

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (If pulside corporate limits, write c. LENGTH OF STAY IN 16	MARYLAND DALLINGE
	RURAL and give nearest town)	N i
-	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	2 3 1 ON A FARM?
1	NAME OF First Middle	The state of the s
	NAME OF DECEASED. (Type or print) HENRY FRECERICAL	Lost 4. DATE Month Day Year OF DEATH JULY 27 1960
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	MALE white WIDOWED THE BIVORCED [NOU, 18 1881 78 yrs. Manths Days Haurs Min.
100	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
18	CARPENTER Constructi	on MARYLAND 4. S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ROPERT GLENSKY	Unkvious
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s. no. or unknown)	INFORMANT Address
	NO NONE 217-03-0445	WALTER GLEYSKY 1/02 FLM Rd
	1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	thrombosis 3 days
	DUE TO ()	1. 1.12
	Conditions, if ony, which) (b) Werosellro	the CVD, generalized
	gove rise to immediate cause (o), stating the under-	
	lying couse lost. (c)	
lo No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAI		YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I ar Port II of item 18.)
MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
MED	Hour o. m. p. m. While Not while of work at work	toctory, sheet, drive stug., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Jan, 1959, to July 26, 1960, that (1) (we) lost
		deoth accurred of M. from the couses and on the date stoted obove.
	22a. SIGNATURE	/ 22b. DATE
	tuled of Tendlos.	M.D. ATTENDING MED. STAFF PHYS. 7/28/60
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS T
	HEVBENT J. LEVICA	as 5305 East prive
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
-	BURIAL 7-30-60 GOVANSTON	IN PRES DUTERIAN BALTIMORE Md
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Janie H. miller 2101 Frede	seef and Datell 1 '60 Cirthun S. Kraus

AST I SALVEY TANK CAPACIFICATION OF THE STATE OF SHARIFF AND STATE OF THE STATE NECESSARIES BURES The second secon Charles a contract the Total Contract to the C Com Brown Hill Com Brown C NO LUCISE STREET ANTER GLENSKY // 0 2 FAM MED

TO HOSE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after death. Page 4 may be acquired by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Rages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Ba.	ltimore		MAR	YLAND	2. USUAL RESIDER a. STATE	Md .	re deceased	b. COUNTY		e before odr	
b. CITY OR TOWN (If RURAL and give nea Lat	autside carporate limit rest town) 15downe	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO			rate limits, write l	RURAL and gi	ve nearest to	awn)
d. NAME OF HOSPITA OR INSTITUTION	(If not in hospital, g 2616 Bra				d. STREET ADD		an Av	renue		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fire Kat	heri	ne T.		eller		4. DATE OF DEATH	Ju	1	Day	Year 19 60
s. sex female	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MARR		Nov. 28.	1892	2	9. AGE (In years last birthday) 67 yrs.		YEAR IF UNDOYS Hou	NDER 24 HRS. Urs Min.
100. USUAL OCCUPATION during mast af working housewife 13. FATHER'S NAME	ng life, even if retired)	lane 10b. 1	CIND OF BUSINESS (OR INDUSTR	Maryl 14. Mother's M	land		ountry)		S. A	AT COUNTRY?
John (Otton							Born			
IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17, INFO	ORMANT	ulle	2 14.	_	fress		
(Yes, no, or unknown) (II	yes, give war or dates of se	ervice)	none	Joh	n D. Go	elle	er 26	516 Bra	un Av	e. La	ansdown
Canditians, if an gave rise to imcause (a), stating the lying cause last.	mediate DUE TO				PRCO						MOS
ZOO. ACCIDENT WAS	UNDERLYING		CRIBE HOW INJURY (VEN IN PARI	PEI	RFORMED?
OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER)	While	JURY OCCURRED Nat while at wark		E OF INJURY (Harry, street, affice b		20f. (City	ar tawn)	(Co	aunty)	(State)
21 I certify that saw the decease	(I) (this hospital) attende	ed the deceased	-			47.ta M, from	July of the couses a			
22c. PHYSICIAN'S NAME (Type)	their /	oss	herg o	M.DM.	22d. ADDRESS	S	ECTOR [STAFF PHYS.	7/	25/6	22b. DATE SIGNED
23a. BURIAL, CREMATION REMOVAL (Specify)	4 4	F	23c. NAME OF CEA		CREMATORY		23d. LOCA	TION (City, tawn,	ar caunty)		State)
Burial"	7/27/60)	Meadowi	riage	Cemete			ridge,	Mary L		
24. FUNERAL DIRECTOR'S HOWARD H		410		ns Av			2 7 '6		istan S. 1		

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	HARTY MARKET		
	mice . N. alfay		
Mingl . Dalle	LIBERT OF THE PARTY OF THE PARTY.		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

117712

	(10)	CERTIFICAT	TE OF DEATH		0.0	110
	CE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUN		refore admission)
R	URAL ond give nearest town)	ngth of Stay In 1b	4 Rural	utside corporate limits, writ	e RURAL ond give	
	NAME OF HOSPITAL (If not in hospital, give street oddres R INSTITUTION	ss)	Box 466 B.	Caroll 3	celte- 20	e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF First RASED Re or print)	Middle Gr	een	4. DATE OF DEATH	Month /	Day Year 19 6
5. SEX	rale 6. COLOR OR RACE 17. MARRIED [NEVER MARRIED B	2000 14-18	9. AGE (In year lost birthdo	yrs. Months Doy	
_ du	SUAL OCCUPATION (Give kind of work done 10b. KIND ring most of warking life even if retired)	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. FAT	HER'S NAME GLOUDE &	hun	14. MOTHER'S MAIDEN N	AME Z	slag	for
	(S DECEASED EVER IN U. S. ARMED FORCES?) or unknown) Of yes, give war or dates of service) OF J.	- 05 - 80 5 3	Gordon	· V. Su	Address (4	Edore)
18.	CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(0), (b), and (c).]	oulumor	nq		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) Cor	onary !	arterosc	lerons		2 year
CC	ove rise to immediate ouse (a), stating the <u>under</u> DUE TO (c)	1.				-
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTE</u>	RIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	nal disease condition	GIVEN IN PART 1(c	PERFORMED?
CERTIFICATION OF STATE OF STAT	a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter noture of injury in F	'ort I or Port II of item 18.)		
WEDICAI		OCCURRED 20e. PLA Not while of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.	, 20f. (City or town)	(Cour	nty) (Stote
	. I certify that (I) (this haspital) attended to the deceased alive an walk 14		Febr 23 19 eath occurred at 500	60 to July		that (I) (we) las
220	o. SIGNATURE			ED. STAFF PHYS.		22b. DATE SIGNE
22	C. PHYSICIAN'S Leopoldo Gr	-USS M.D	22d. ADDRESS 405 S	Femmers	Rem	Rel Ball
23a. BL	JRIAL, CREMATION, 23b. DATE THEREOF 23c MOVAL (Specify) JRIAL 7-19-60	NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, tow	(n, or county)	(Stote)
24. FUN	NERAL DIRECTOR'S SIGNATURE	ADDRESS Canteres	10/1		EGISTRAR'S SIGNA	

may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar removal, and in any event, with the State Board at Health prior to burial, cremation, ar removal, and in any event, with the State Board at Health prior to burial, cremation, ar removal, and in any event, with the State Board at Health prior to burial, cremation, ar removal, and in any event, with the State Board at Health prior to burial, cremation, ar removal, and in any event, with the State Board at Health prior to burial, cremation, are removal.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs after death. Page 4

TO HOS VR A15 (4) 15M 9/59

RIPORT COLUMN ERVY ALT - TOTAL MENT STREET STREET STREET Charles . with war solders in land the MARC STATE STATE SWEET OF WAR

07714

BALTIM	ORE	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	on: Residence befor	re odmission)
b. CITY OR TOWN (I RURAL and give ne FORT H	f outside corporate limits, write exprest town) OWARD	c. LENGTH OF STAY IN 16		itside corporate limits, write R	URAL ond give ned	rest town)
OR INSTITUTION	AL (If not in hospitol, give street S ADMINISTRATIO		d. STREET ADDRESS	HWOOD PLACE		e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	First GEORGE	Middle	Lost GUNZELMAN	4. DATE Mon	ith Do	
. SEX MALE	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH JUNE 2, 1889	9. AGE (In years lost birthdoy) 71 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
oo. USUAL OCCUPATION during most of work BOOKKEEPE	king life, even if retired)	PACKING HOUSE		or foreign country) E, MARYLAND	12. CITIZEN OF	·A.
3. FATHER'S NAME	CITATION IN A N		14. MOTHER'S MAIDEN N MARGARET D			
S. WAS DECEASED EVE	(If yes, give war or dates of service)		NFORMANT	Add lto Md. Ft. Ho		•
	DUE TO ny, which (b) AR	Incestive HEART TERIOSCIEROTIC			10	ERVAL BETWEEN SET AND DEATH DAYS
Z Pary II OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0)	PERFORMEDY
EV EV	CAUSE OF DEATH	ONIA SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II of item 1B.)		TES NO B
EN 20g. ACCIDENT WA	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE INJURY OCCURRED 20e. PL for	D. (Enter noture of injury in F ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or town)	(County)	YES NO K
20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o.m. p.m. 21 1 certify the sow the decent	AS UNDERLYING 20b. DE CAUSE OF DEATH 20b. DE MEDICAL EXAMINER) LY Month, Doy, Year 20d. While of we will be well as the manufacture of the control of the c	SCRIBE HOW INJURY OCCURRE INJURY OCCURRED 20e. PL for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town) O , to July 10	, 1 <u>60</u> , th	(\$101 natXXX (we) lo e stated above
20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o.m. p.m. 21 1 certify the sow the decent 22c. SIGNATURE	AS UNDERLYING 20b. DE CAUSE OF DEATH 20b. DE MEDICAL EXAMINER) LY Month, Doy, Year 20d. While of we will be well as the manufacture of the control of the c	INJURY OCCURRED Not while of work ded the deceased from 1960, and that c	ACE OF INJURY (Home, form, clory, street, office bldg., etc. June 27 16 death occurred 41:1	20f. (City or town) O . to July 10 Delta am the causes ar	, 1 <u>60</u> , th	(Stot
20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m. 21 1 certify the sow the deced 22o. SIGNATURE 22c PAYS LIAME (Type)	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER) LY Month, Doy, Year 20d. While of we will be a live on July 10	INJURY OCCURRED Not while of work ded the deceased from 1960, and that c	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) June 27 16 death occurred 1:1 M.D. ATTENDING MEPHYS. DIII	20f. (City or town) O , to July 10 Define an the causes ar	, 1 <u>60</u> , th ad an the dote 7/1	(Stote above 22b, DATE SIGNE
20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m. 21 1 certify the sow the deced 22o. SIGNATURE 22c PAYS LIAME (Type)	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER) 17 Month, Doy, Year 20d. While of we will be desired alive on July 10 and 10 an	INJURY OCCURRED Not while of work ded the deceosed from 1960, and that co	ACE OF INJURY (Home, form, clory, street, office bldg., etc. June 27 death occurred 41:1 M.D. ATTENDING MEPHYS. DI 22d. ADDRESS VAH, BALTT OR CREMATORY	20f. (City or town) O , to July 10 DEPM am the causes ar D. STAFF RECTOR D STAFF PHYS. K MORE, MD - F' 23d. LOCATION (City, town, Baltimore,	, 1,60, the dote 7/1 T HOWARD or county)	(Stote) (Stote)

TO HOSE control of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remavol, and in any event, whise 22 kpurs after death.

VR A1S (4) 1SM 9/S9

CERTIFICATE OF BEATH

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			3200	S IAI
	EMATERA, RESTAR		10	
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			Late (Alberta)	
Rosto Diviere	TO SECURITY WEST OF		, The	AMERICA, N
	the second second	all moderness	7 - 1,	
	ATT ME WOOTEN	PR FORES FOR	en Francisco	dol. D sa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17171.1

07715

		F . I.,	CERTIFIC	CAI	E OF DEATH	1		Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY	Raltimore		MARYLAN	11	o. STATE Maryl		d lived. If institution b. COUNTY		ce before odm	issian)
b. CITY OR TOWN (If RURAL and give new ESSEX	#21		c. LENGTH OF STAY IN 1	b	CITY OR TOWN (If o	11	orate limits, write R	URAL and g	give nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION Lasky Av	AL (If not in hospital, g				d. STREET ADDRESS	sex A	ve.		ON	A FARM?
NAME OF DECEASED (Type or print)	EMMA AUGU		Middle HALL		Last	4. DATE OF DEATH	July	- 1	Day	Yeor 19 60
Female	6. COLOR OR RACE White	WIDOWE		.Aı	ate of Birth ug. 13, 187		9. AGE (In years last birthdoy) yrs.		Days Hour	
Housewi	ng life, even if refired		KIND OF BUSINESS OR IN Retired	DUSTRY	11. BIRTHPLACE (Stole Maryla)		country)	12. CIT	U.S.A	
	odwin			14	Martha Ro					
S. WAS DECEASED EVER Yes. no. or unknown) (I	IN U. S. ARMED FOR yes, give wor or dotes of s		SOCIAL SECURITY NO. 17	Et.	mant hel Leary		Same	ress		
Conditions, if on gove rise to imcouse (a), stating the lying couse last.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which he under- (c)	J	e for (o). (t). and (c).] I ran bolbry Tha abdo Lolecystit Ontributing to Death	is	(Cholecys		omy)		INTERVAL ONSET AN	de de
20g. ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING CAUSE OF DEATH	ardi	O VASAN LAN	di.	lease, ar	teri	oscler.		PERF YES	ORMED?
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	20d. IN While at work	Not while	PLACE (OF INJURY (Home, farm, street, affice bldg., etc.	20f. (Cit)	or town)	(C	County)	(Stote
21. I certify the alive an Fundamental SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the cly 15 gens C	decease 196		M.D.	1119 6 11 .	P.M. fran ADDRESS (S	n the causes a treet, city or town,	nd on th		deceas ted abay PATE SIGN
Removal (Specify) Burial	7/30/60	F	22c. NAME OF CEMETERY Sudlersvill	OR CRI			TION (City, town, o		(se	
James Bruzo		7 Ea	stern Ave.		24a. REC'C	BY REGIST		TRAR'S SIG	NATURE . Knaue	

DATE

VS A15 (4) 15M 10/57

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and the state of t	

CERTIFICATE OF DEATH

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ofter death. Poge

BALTIMORE

MARYLAND

o. STATE MARYLAND b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town) DAYS BALTIMORE d. NAME OF HOSPITAL (If not in haspital, give street oddress)

ANNAPOLTS d. STREET ADDRESS

Lost

e. IS RESIDENCE

OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

3 COLLEGE CREEK TERRACE

ON A FARMA YES NO P

DECEASED (Type or print)

1. PLACE OF DEATH

o. COUNTY

First NICHOLAS

HAMILTON

DATE OF DEATH

Month JULY

66 yrs

9. AGE (In years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Year 1960

S. SEX MALE

COLORED WIDOWED |

6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED |

Middle

B. DATE OF BIRTH DECEMBER 3, 1893

last bigthday)

IF UNDER 1 YEAR IF UNDER 24 HRS Manths Hours

12. CITIZEN OF WHAT COUNTRY?

Day

25

LABOBER

10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (Stote or foreign country) U.S. NAVAL ACADEMY

ANNAPOLIS. MARYLAND

HESTER STEWART

U.S.A

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

WILLIAM HAMILTON

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

17 INFORMANT

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.)

CLIN.REC. VAH FT HOWARD DIV. BALTO 18.MD

Address

YES 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

214-05-2489

MARKED HYPERTROPHY & DILATATION OF HEART DUE TO

ONSET AND DEATH vrs

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.

ANASARCA

DUE TO

month

INTERVAL BETWEEN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Edema of the lungs; abscesses of prostate

PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

Day, Year 20d. INJURY OCCURRED While Not while at work ot work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, office bldg., etc.)

ATTENDING PHYS.

22d. ADDRESS

M.D.

(County) (Stote)

21. I certify that (A) (this haspital) attended the deceased fram June 17 220. SIGNATURE

1960_, that XX (we) last saw the deceased alive on July 25 1960, and that death accurred 9:10AM from the causes and an the date stated above.

22c. PHYSICIAN'S

NAME (Type)

Hour o. m.

p. m.

WALTER J. PIJANOWSKI, M.D.

HOWARD DIV. Balto MD

DIRECTOR .

MED

19 60 to July 25

22b. DATE FIGNED 60

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) ANNAPOLIS, MARYLAND

STAFF PHYS.

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a. REC'D BY REGISTRAR JUL 28 '60

25b. REGISTRAR'S SIGNATURE arthur & thous

Wm Reese Washinton St Annapolis, Md

VR A15 (4) 1SM 9/S9

After

DIRECTOR:

FUNERAL

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CARTAGO STADRINGO CALLED TO THE RESERVE OF THE PARTY OF THE PA FOR THE STREET, 1893 ANGELS OF THE PARTY OF THE PART TECTORIN , and reside to the property of the second of the THE COURSE OF STREET

TO HOS

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH ODIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	Item 23b. Fi	1 = 0262 - 212	12 12 2 2 2		
1. PLACE OF DEATH	Toom Cool La	2. USUAL RESIDENCE (Who			fore admission)
Balto.	MARYLAND	mad	b. col	Balt	0.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits w	rite RURAL and give r	nearest town)
middle ame	2	194 Mad	dle K	wer	
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	Ballo 20	d. STREET ADDRESS	2183 /	Balto 2	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Middle	HAMMOND	4. DATE OF DEATH V	Month JLY /	P 19 6
man and man	ARRIED NEVER MARRIED DIVORCED	B. DAKE OF BIRTH June 7, 18	9. AGE (In) last births	years IF UNDER 1 YEAR Bay) Months Day:	AR IF UNDER 24 HRS Hours Min.
la. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)	Db. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of	,	12. CITIZEN	OF WHAT COUNTRY?
FATHER'S NAME Wins	low	14. MOTHER'S MAIDEN NA	Me De	rkins	
. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	Rorence Se	need	Same	assbore
18. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c)-]	. 0	0		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lente and	ac Decom	persot.	ion	2 hou
Conditions, if any, which)	Verio-set	Perotic H	east Dr	reare	31/2 9
gave rise to immediate cause (a), stating the under-lying cause last.					
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING 20b. CONTRIBUTING 20b. D (IF EITHER, NOTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	art I ar Part II af item 1	B.}	
Haur a.m. Wh		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)		(Cauni	ty) (State
21. I certify that (I) (this haspital) attersaw the deceased alive an may	11 60	11121	M, from the cause		that (I) (we) las
220. SIGNATURE Joseph	Much	M.D. ATTENDING ME	D. STAFF] 7	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) DOSEPH	MICELI N	1. P. 22d. ADDRESS 5. 7	TAYLOR	AVE BA	40,214
30. BURIAL, CREMATION, 23b. DATE THEREOF July 21, 1	23c. NAME OF CEMETERY		23d. LOCATION (City, to SOUTH	own, or county) PARIS	MAIN E
FUNERAL DIRECTOR'S SIGNATURE	418 Castes	Blue 25a. REC'D	2 1 '60 25b.	REGISTRAR'S SIGNA	TURE



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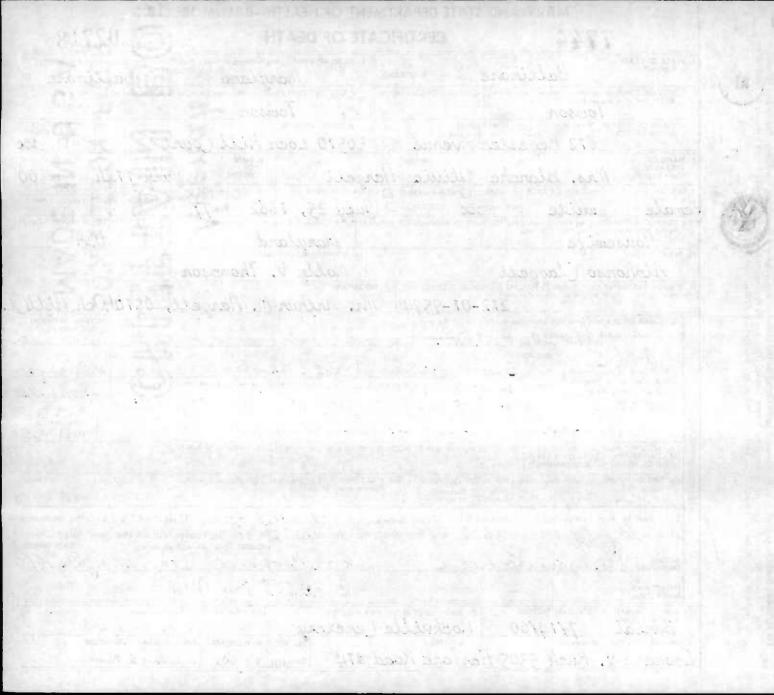
7744 Irs after death. Page 4 Pages 1 and 2 should be filed with TO HOSE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and condetely filled page 3 should be detached far use as the burial-transit permit. Then please remave carb pages 1 the registror prior to burial, crematian, or removal, and in any event within 72 hours after

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

Reg. Dist. 7.718

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Towson
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 812 Regester Avenue	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\) NO DO
3. NAME OF DECEASED (Type or print) Mrs. Blanche Olivia Ha	Last 4. DATE Month Day Year OF DEATH July 11th 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
temale white WIDOWED DIVORCED	July 25, 1882 To Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 91. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alphonso Classett	Molly V. Thompson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service) 212-01-9594	Mr. Arthur M. Hargett, 65161Och Hill
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary	embous onset and Death
795 E DUE TO	
Conditions, if ony, which) 5 were verenor	y tract infection 10 days
gove rise to immediate DUSTO A Joseph & Order	de neurostyaschena and
lying couse lost. (c) 2 - Degen Walcon	of the spine -cause undeterned of month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Creeroscerolic caracio cosso	PERFORMED?
20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from March	1954, ta // July , 196 Othat I last saw the deceased
alive on 10 July , 1960, and that death	n occurred at 10.22 M, from the causes and on the date stated abave.
SIGNATURE Jourglus Lekard	M.D. 802 Cathedral Street 11 July 1960
PHYSICIAN'S NAME (Type)	Baltimore -1, Med.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 7/14/60 Rockville	(emetery Rockville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Road	#14 DATEJUL 14'60 arthur 2. Kinus



MARYLAND STATE DEPARTMENT OF HEALTH

7	745 DIVISION	OF STATISTICAL RESEAR CERTIFI		OF DEATH	RYLAND	07719		
1. PLACE OF DEATH 6. COUNTY Balto		MARYL		USUAL RESIDENCE (W	here deceased live	ed. If institution b. COUNTY	: Residence b	efare admission)
b. CITY OR TOWN RURAL ond give Catonsvill	e		N 16	c. CITY OR TOWN (IF	outside corporate	limits, write RUF	RAL ond give	nearest town)
	TITAL (If not in hospital, give the Pines - Fi			d. STREET ADDRESS The	Marvland	er Ants		e. IS RESIDENCE ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	First BLANCHI	Middle	HAR	Last	4. DATE OF DEATH	Month July	5	Day Year
5. SEX female		MARRIED NEVER MARRIED	-	ate of Birth		AGE (In years	FUNDER 1 TE Months Day	ys Hours M
10o. USUAL OCCUPAT during most of wo	ION (Give kind of work don orking life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY		e or fareign count	(۲)	12. CITIZEN	OF WHAT COUN
13. FATHER'S NAME	Shackelford	none	1	4. MOTHER'S MAIDEN		ne Walls	ace	
	/ER IN U. S. ARMED FORCES		Mrs.			Addres	ss	- Balto
y	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	ch	2 repl	riles			NTERVAL BETWEE
Conditions, if gove rise to couse (a), stating lying couse lost	DUE TO any, which immediate g the under-	arteris A	eler	pis.				
PART II. O	THER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVE	N IN PART 1(d	19. WAS AUTO PERFORMED

p. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

and that death accurred at RA

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year o. m

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(Caunty)

21. I certify that (1) (this haspital) attended the deceased fram

MEDICAL

ot work ot work

(State)

Md.

saw the deceased alive an

22o. SIGNATURI

22c. PHYSICIAN'S NAME (Type)

ATTENDING PHYS. DIRECTOR [M.D. 22d. ADDRESS

STAFF PHYS.

22b. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Stote)

Buri al

Lorraine

25a. REC'D BY REGISTRAR 25b.

and S. Kraus

M, fram the causes and an the date stated above.

VR A15 (4) 15M 9/59

rs after death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 2.

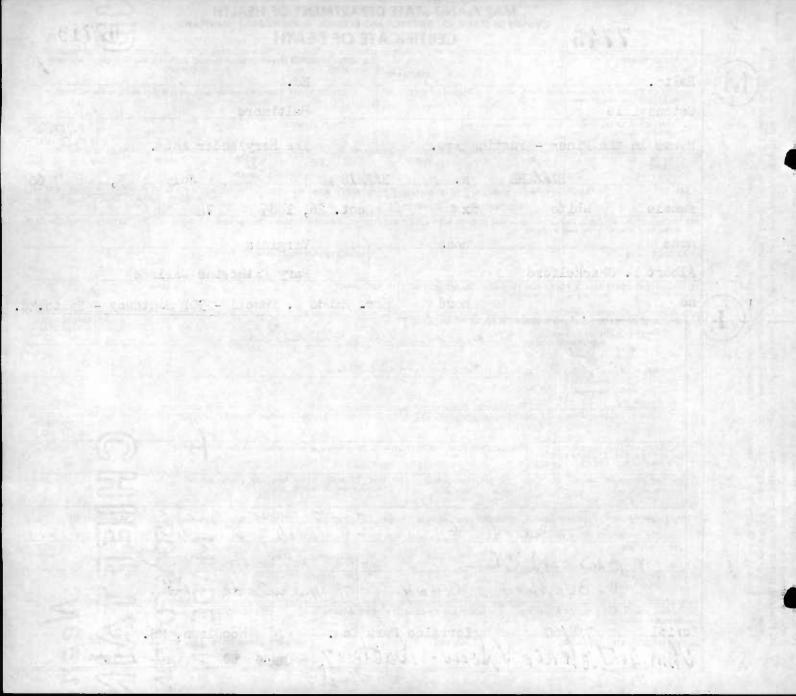
by

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permittive State Board of Health prior to burial, cremation, or removal. ained by the hospital or attending physicion

the ottending physicion and completely filled in by the funeral director, Then please remove corbon papers. Pages 1 and 2 should be filed with

event, within 72 hours ofter death

ond in any



7746

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07720		()	7	7	2	0
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1. PLACE OF DEATH a. COUNTY BALTIMORE		MARYLAND	o. STATE	DENCE (Whe		ed. If institution b. COUNTY	: Residence be	fore admis	ssion)
b. CITY OR TOWN (If outside corporation of RURAL and give nearest town) FORT HOWARD	prote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR		utside carporate	limits, write RUF	RAL and give	nearest tow	n)
d. NAME OF HOSPITAL (If not in h			d. STREET	ADDRESS)LLINGT(ON AVE		ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	Lo		4. DATE OF DEATH	Month		Day	Yeor 160
S. SEX 6. COLOR C	WIDOW	RIED NEVER MARRIED	B. DATE OF BIRT				F UNDER 1 YE		
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b			LACE (Stote o	or foreign count		12. CITIZEN		COUNTRY?
13. FATHER'S NAME		GOVERNMENT	14. MOTHER'S	MAIDEN NA		50.50	US	_A	
JESSE HARVEY 15. WAS DECEASED EVER IN U. S. AR		SOCIAL SECURITY NO. 17.	INFORMANT FA	NNIE S	STINNET	[¹ Addres	is		
(Yes. no, or unknown) (If yes, give war o		215-10-3933	CLIN REC	VAH BA	ALTO MD	FT HOWA	RD DIV		
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAU IMMEDIATE (SED BY:	ne for (a), (b), and (c).] ERTOSCLEROTIC	HEART DI	SENSE	WITH CA	RDIAC	0	NSET AND	ETWEEN D DEATH
Conditions, if any, which gove rise to immediate cause (o), stoting the <u>under-lying</u> couse last.	(b) DUE TO	UFFICIENCY						UNKN	OWN
PART II. OTHER SIGNIFICA 1. Adenocarcix 200. ACCIDENT WAS UNDERLYIN CONTRIBUTING II CAUSE OI (IF EITHER, NOTIFY MEDICAL EXA	oma of r	CONTRIBUTING TO DEATH BUT BE CONTRIBUTING TO DEATH BUT BE CONTRIBE HOW INJURY OCCURRED	hysema o	f lung	due to	unknow		PERFO	AUTOPSY ORMED?
20c. TIME OF INJURY Month, I Hour a. m. p. m.	Doy, Year 20d. While of wo	Not while	PLACE OF INJURY foctory, street, offic	(Home, form, te bldg., etc.)	20f. (City or	town)	(Count	(עו	(Stote)
21. I certify that X) (this has aw the deceased alive a						LY 7 causes and		te stated	d abave.
220. SIGNATURE	200	01	M.D. ATTENDIN		D. RECTOR []	STAFF PHYS.		22	799480
22c. PHYSICIAN'S NAME (Type) THOMAS	R HOOD	K. Hogo	22d. ADDR		ro 18 m	D FT HOW	ARD DI	VISIC)N
REMOVAL (Specify)	THEREOF 11,1960	23c. NAME OF CEMETERY Holy Redeem				to Md	county)	(Sto	ote)
24. FUNERAL DIRECTOR'S SIGNATURE Philip Cvach 1	11 Chesa	co AVE. Balto.	, 6, Md.	2So. REC'D	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNA		
_XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	990XXXX	DOUNGE CONTRACT	X	DATE					

VR A1S (4) 1SM 9/S9

ATT THE STATE OF COLUMN THE STATE OF THE STA n Carls man PATHER SAY (DECEMBER OF THE SAME AND A SAN AS A THE RESERVE OF MALE RAY OLD THE DESCRIPTION OF THE PROPERTY OF tiniertausti MALERIA GRANCH Die we in Original may be a comment of the property of the prop And the second of the second o TO LODGE THE RESIDENCE PARTY OF THE PARTY.

INTERVAL BETWEEN ONSET AND DEATH

e. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY

Doys

U.S.A.

ON A FARM?

YES NO

1960

Reg. Dist. No.

Months

DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s) 19. WAS AUTOPSY

20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

Conditions, if ony, which gove rise to immediate

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of work p. m

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(Stote)

NO I

PERFORMED? YES T

21. I certify that I attended the deceased from. . 1950, ta 1900 that I last saw the deceased 9:45AM, from the causes and on the date stated above. alive on and that death accurred of

ACTUAL PHYSICIAN'S

NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote)

(Stote)

REMOVAL (Specify) Burial AUDIERAL DIRECTOR'S STONATUR

Torraine Park **ADDRESS**

Woodlawn REGISTRAR 240. REC'D BY

24b. REGISTRAR'S SIGNATURE

TO FUNERAL VS A15 (4) 15M 10/57

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the registrar

burial-transit

certificate

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page

after death. Page

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VR A1S (4) 1SM 9/59

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CERTIFICATE OF DEATH 7748

	PLACE OF DEATH	MT (ADD		MARYLAI		a. STATE			lived. If institut b. COUNTY		ce befare	odmiss	ion)
-		TIMORE foutside corporole limi	ls. write	c. LENGTH OF STAY IN			IARYLA	-	rote limits, write	RURAL ond o	ive near	est town)
	RURAL and give ne	arest tawn)	,	The second second second					5	101	()		,
-		HOWARD AL (If not in hospitol, g	ive street	16 DAYS		d. STREET A	BALTIM	ORE	-2	6		. IS RES	IDENICE
	OR INSTITUTION	At (II nor III nospiloi, g	live sileer	dddress)								ON A	FARM?
	VETERANS	ADMINISTRA'	TION	HOSPITAL]	803 D	UKELAN	ID ST			YES	NO V
3.	NAME OF DECEASED	Fir	st	Middle		Los	it	4. DATE OF	Ma	nth	Day	1	reor .
	(Type or print)	MAUR:	ICE		HE	NDERSO	N	DEATH	JUL		19		19 60
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		ATE OF BIRT			9. AGE (In years lost birthdoy)	Months			
1	Male	colored	WIDOW	ED M DIVORCED	J	ULY 4,	1890		70 yrs		Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CITI	ZEN OF	WHATC	OUNTRY
	CHAUFFE	ing life, even if retired)	TRANSPORTATI	ON	BALT	OM O				US	A	
13.	FATHER'S NAME	021		ALLIEUZ VILIELA		4. MOTHER'S		IAME					
	HENRY H	ENDERSON				ELTZ.	A JON	ES					
15.		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		RE 0011		Add	Iress			
		If yes, give war or dates of s		Unknown	C14	n Pag	WAU D	91+01	8, Md F	Hours	nd T	\f \r f \	rion
1=		MM T			611	II Nec	VAII D	a1.00 1	o, Mar	J IIOWa			
		TH WAS CAUSED BY:	use per II	ne for (o), (b), ond (c).]	TITON	A DTCU	T TOLIE	TOR	E'		ONSE	T AND	DEATH
	TART I. DEA	IMMEDIATE CAUSE (o)(BRONCHOPNEU	MONL	A RIGH.	I TOWI	PIL TVD	15		-	3	Days
	4ナイ)	DUE TO											
	Conditions, if or)	NEPHROSCLER	OSIS	, ADVA	NCED	17 15 15				UI	IKNOW
	gove rise to in cause (o), stoting										100		
	lying couse lost.	(c	:)										
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	T 1(a) 19	PERFO	AUTOPSY RMED?
FIC	20a ACCIDENT MA	C LINIDEBLYING TO	20h DEG	CRIBE HOW INJURY OCC	IDDED //	Enter nature of	of injury in I	Port Lor Pari	t II of item 18.)			LES EM	NO []
1 -	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3	CKIBE HOW INJUKT OCC	OKKED. (I	mer ngiore c	ar mjory m	ron ron run	THO HEIL ID.				
MEDICA	20c. TIME OF INJUR	Y Month, Day, Ye			e. PLACE	OF INJURY (Home, farm	, 20f. (City	or town)	(0	County)		(Stote)
MED	Hour o.m.	19	While of war		(delai)	, sireei, dirici	e blog., elc	"					
	21 Leoutifu tha	t th (this bassital	1) attan	ded the deceased fro	am Ta	1 rr 2	10	60 10	Tular 10	10 6	O the	44 6H (un) land
		ed alive on Ju.				0 0	.9 .						
	220. SIGNATURE	ed dive on ou.		217, and fn	ar dea	n accurred	a arzore	M, Fram	rne causes a	na an the	agre		b. DATE
	JA XX	Typon	102	lu	M.D	ATTENDIN		ED. RECTOR	STAFF PHYS.			220	SIGNED
	22c. PHYSICIAN'S NAME (Type)	1		S ARTHUS HIS	(6)	22d. ADDR	ESS						
	(I) pei	WALTER J. I	PIJAN	WONSKI, M.D.		VAH	FT HO	WARD I	DIV. BAL!	m 18,	Md		
230	BURIAL, CREMATIO	N, 23b. DATE THEREC) F	23c. NAME OF CEMETE	RY OR C	REMATORY		23d. LOCA	TION (City, town,	or county)		(Stot	e)
	REMOVAL (Specify) Burial	7/22/	60	Baltiamore	Nat	ional			timore 1		nd		
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	7100	7011017		D BY REGIST	RAR 2Sb. REG	ISTRAR'S SIC		E	
			1000	27. 24-4-	70 7			UL 26'	60	Irthur &			
E	TITING TON !	Phillips	TOOQ	N Monroe St	Ball	LO Md	DAIL						

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VS A15 (4) 15M 10/57

. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs ofter death: Page 4

		7749		CERTIFIC	CATE OF DEA	TH		Reg. Dis	() 7 it. No.	72.	3
	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN	2. USUAL RESIDENCE o. STATE Mar	(Where deceased vland	lived. If institution b. COUNTY	on: Residence Balt			ion)
	RURAL ond give ne	outside corporate timits, orest town)	wrile	c. LENGTH OF STAY IN 1	b .c. CITY OR TOWN		-				1)
-	d. NAME OF HOSPITA	AL (If not in hospital, give ROVE STATE			d. STREET ADDRES		0			e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print)	first Virgin		Middle Drury	lost Henneman	4. DATE OF DEATH	Mon July		Do ₃	,	Year 19 60
5.	female	6. COLOR OR RACE 7		IED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years last birthdoy)	IF UNDER			
L	b. USUAL OCCUPATION during most of work housew	ing life, even if refired)	ne 10b.	KIND OF BUSINESS OR IN	Maryla:	nd	intry)		. S.		COUNTRY
	William	H. Wolfe IN U. S. ARMED FORCE It yes, give wor or dotes of servi	57 114	SOCIAL SECURITY NO. 1		ook ylvi	La Garn				
UY.	nknown	It yes, give war or dates of servi	X	hat the south of the		RING GRO			OSP]	TAL.	
ZO	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	he under-	TIONS	dis	E COLOCIO EULS E BUT NOT RELATED TO THE TE			FN IN PART	1(0) 19	. WAS	AUTOPSY
CERTIFICATION	20o. ACCIDENT WAS	S UNDERLYING 20			RRED. (Enter noture of injury				.,(0)	PERFO	RMED?
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. IN While of work	Not while	PLACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (City o	r town)	(C	ounty)		(Stote)
	21. I certify the alive an Ju. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) A P			Zvaloz	oth accurred at5:50	DM, fram ADDRESS (Stree	el, city or town, STATE	nd an th stote) HOSP	e dat	e state	decease ed abave ATE SIGNE 5-60
220 I	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETER' Baltimore	OR CREMATORY		ON (City, town, o			(Stote	:)
-	FUNERAL DIRECTOR'S	1.1.7	41	OlEdin		REC'D BY REGISTRA	AR 24b. REGIS	TRAR'S SIG			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	OF HEAL SHE TAKET MORE TH		AIVANA	
- K21.51	HYA2G 90	CERTIFICATE C		
		and a chamachifa grassy		
TEMPO DE LOS PERSONAS DE LA PERSONA DE LA PE				
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	et manes of the Acids State of			
	deal it will bear	TO ASSESSMENT	ATZVENTENSE	
	, or only seed to the	denoted by the design of the d	GB/Y/V	

Film

Page after death.

VS A15 (4) 15M 10/57 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YES NO Yeor 7-11-60 19 IF UNDER 1 YEAR IF UNDER 24 HRS

> Months Days 57 yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

> > YES NO

(Stote)

Address

above INTERVAL BETWEEN ONSET AND DEATH 10 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

(County) (Stote) April 19 60 that I last saw the deceased

__, and that death accurred at 3:15M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

Cockeysville. Md.

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE DATE 14 '60 Brooks Funeral Service, Towson4, Md. Circhar S. Traces

			ALYHAM	
	CATE OF BEATH	BITHED:		
PARTITION OF THE PROPERTY OF			amont ITs	
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	PLACE OF DEATH				Vhere deceased lived. If		efore admission)
1	o. COUNTY Boltimor	. e MA	RYLAND	o. STATE Mari	iland b.co	DUNTY BOIT	imore
	b. CITY OR TOWN (If outside corporate lin RURAL and give mearest town)	mits, write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	outside corporate limits,	write RURAL ond give	nearest town)
	Relav	35 /r	5. 1	Melay			A Date of the last
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	, give street oddress)	- 1	d. STREET ADDRESS	A		e. IS RESIDENCE ON A FARM?
L	1739 Em F	que.		1739 Eln	1 Ave		YES NO 🔀
3.	NAME OF	First Mide	lle	Last	4. DATE	Month	Day Year
L	(Type or print) Ada	E. Hunt	er	Contract Contract	DEATH JU	14 7	1960
5.	S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MAR	RIED 8.	DATE OF BIRTH	9. AGE (In lost birt	hooy) Months Da	AR IF UNDER 24 HRS.
17	remale White	WIDOWED DIVOR	CED 🗌 S	Cpt. 13, 18		yrs.	ys Floors Mill.
10	Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	k done 10b. KIND OF BUSINESS	OR INDUST	RY 1. BIRTHPUACE (Sto	te or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	HOUSEWOORK	Own Ho.	me	Mary	lland	4-	5.14
13	3. FATHER'S NAME		7-1-1	14. MOTHER'S MAIDEN	NAME	. 1	
	Talin P Hat	f. 7/2		Fonnix	BHAT	field	
	5. WAS DECEASED EVER IN U. S. ARMED FO		10. 17. INF	ORMANT	10./101	Address	
	(If yes, give war or dates of	f service)	CI	outon Hy	inter 173	9 K/m	Ave.
	18. CAUSE OF DEATH [Enter only one of	couse per line for (o), (b), and (c).]	(0-1			NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y:	in Con sont	1100	taily	16		INSET AND DEATH
	DUE TO		1				
	Conditions, if ony, which)	anteriana.	Un y	ii bha.	+ Dinoco	00	
	gove rise to immediate	18 Cho and to	Will.	a Nour	7 1000	The same of the sa	
	luing cours last						
2		(c)	DEATH BUT N	OT PELATED TO THE TEP	MINAL DISEASE CONDITION	ON CIVEN IN PART 16	1 10 WAS AUTOPSY
19	PART II. OTHER SIGNIFICANT CO	C TO CONTRIBUTION OF	00	Man	- 2	A THE TAKE IN	PERFORMED?
		20b. DESCRIBE HOW INJURY	O C CUIDALD	Jocane	a ongo	nella	YES NO
CEDTIE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H	OCCURRED.	(Enternoture of injury i	n Port I or Port II or Jen	10-,	
1	20c. TIME OF INJURY Month, Doy, Y	Year 20d. INJURY OCCURRED		E OF INJURY (Home, fo		(Cour	nty) (Stote)
AFD.	20c. TIME OF INJURY Month, Doy, Y Hour o.m. p. m.	While Not while of work of	focto	ory, street, office bldg., e	etc.)		
1	21. I certify that (I) (this haspite		d from	7//	259 to 7	2/7 10/06	that (I) (we) last
1	saw the deceased alive an				M, fram the caus		
	220. SIGNATURE	-1-f, ar	ia mar de	am accurred dr.g.	M, from the cous	es and an me a	, 22b. DATE
	M. Fredos	with un	07 M	D. PHYS.	MED. STAFF PHYS. [7/3/SIGNED
13	12c. PHYSICIAN'S			22d. ADDRESS			10
	NAME (Type) SN Free	derick mo		1305 7	rancis a	+ Bat	to 27 hd
2	230. BURIAL, CREMATION, 236. DATE THERE	EOF 23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION (City,	town, or county)	(Stote)
	Buris 7/9/6	ec Popler	Sor	ings Cem.	Mf.Hireu	1, Howard	Marylan
2.	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		25a. RE	C'D BY REGISTRAR	REGISTRAR'S SIGNA	TURE
VI	Bankone Tour 12:	no Sullahan	1	- DA DATELL	1 1 2 '60		

HYASO TO STANFART TO SECURE THE S , Estrange & Bushing Bushing Commerce 1234 In Axe I would be on the The last State Parket the first of the second second second second The state was some seems along a real Page Just Swallow & Worldon & Just 18 St. Judge R. Mattield Engine & Hattield Sign my segment of the Park BETT THE SER OF THE SET OF THE PARTY OF THE but will be not go to fill missing the said the many through the said and one The 122 to be lighted from the the 15 to

SEL AM MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** いまか Reg. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY ed 111111016 g. STATE b. COUNTY MARYLAND the funeral b/CITY OR JOWN (If autside corparale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give pearest tayny 63 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION IMES ON A FARM? by YES NO puo NAME OF Middle 4. DATE Last Manth filled i Doy Year DECEASED OF DEATH (Type or print) Pages 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthday) Days Months Hours WIDOWED [DIVORCED J. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY death. (VONOCO puo carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 0111175 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address yes, give war or dates of service! attending please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ any Conditions, if any, which gned gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ar attending 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) After this certificate 9 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) O. m. While Nat while at work at work p. m. P 1950 21. I certify that I attended the deceased from 19 60 that I last saw the deceased 3 shauld be detached and that deoth occurred at 1030AM, from the causes and on the date stated above alive on_ TO FUNERAL DIRECTOR: ADDRESS (Street, city or term, state) DATE SIGNED ACTUAL PHYSICIAN'S registrar NAME (Type) 220. BURIAL PREMATION, 226. DATE THEREOF 22c. NAME OF/CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) 0020 28: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) JIII 15 '60 15M 10/57

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24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE.

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CERTIFICATE OF DEATH

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)	1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL o. STAT	RESIDENCE (Wh		d lived. If ins b. COU		Residence be	fore admiss	sion)
	RURAL and give	(If outside corporate nearest tawn)	limits, write	Lyr3mth			OR TOWN (IF o		prote limits, wr	ite RURAL	L and give r	earest town	1)
14	OR INSTITUTION	ITAL (If not in hospit ROVE STAT		oddress) PITAL			et address Ol Eutai	w Plac	e				FARM?
	3. NAME OF DECEASED (Type ar print)	Dr	First Louis	Middl	9		Jacobs	4. DATE OF DEATH	J	Month	14		Year 19 60
	s. sex	6. COLOR OR RA	WIDOWI	RIED NEVER MARR		B. DATE OF	20, 18	92	9. AGE (In your lost birthd)		onths Day	-	Min
	10o. USUAL OCCUPAT during most of we physic	rking life, even if ret	(ired)	internal m			THPLACE (Stote Maryla)	_	ountry)	1	U. S		OUNTR
1	13. FATHER'S NAME Bens	on Jacobs	Mark			14. MOTH	Sarah		in				
	15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.		formant cords:	SPRIN	G GR	OVE STA	Address TE	HOSPI'	FAL	
	Conditions, if gove rise to cause (o), stoting lying cause last	any, which immediate the under-	(b) Ar	ronary thr	rotic	cardi				I GIVEN I	IN PART I(n		AUTOP
0	20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DE/ Y MEDICAL EXAMIN	20b. DES	CRIBE HOW INJURY (OCCURRE). (Enter nat	ure of injury in	Part I ar Pai	rt II of item 1B		TAKE 1(U)	PERFC YES	NO (
	Y 20c. TIME OF INJU		Year 20d. II While of war	NJURY OCCURRED Not while			JRY (Home, form office bldg., etc		y or town)		(Count	у)	(Sta
	220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		July 1	ded the deceosed La 19 60, and Chall	d that d	eath occu	IDDRESS SPR	ED. RECTOR ING C	the couses	and o	7 E HO	te stoted 22 -14-60 SPITA	b. DATE SIGN
	230 BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE TH		23c. NAME OF CEA	METERY OI	CREMATO			TION ICity, to	wn, or co	ounty)	W.C.	
	24 FUNERAL DIRECTO	in line		ADDRES	to	Pi	_	D BY REGIS	TRAR 25b.		R'S SIGNA		

s after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rained by the haspital ar attending physician.

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Cook, Inc., 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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IFIC.	AIE OF DEATH	1		Reg. Di	st. No.		,
LAND	2. USUAL RESIDENCE (WHO o. STATE Marylan	d decease	d lived. If institution b. COUNTY	n: Resider	ice befor	re admis	sion)
IN 1b	c. CITY OR TOWN (If o	outside corpo	prote limits, write RL	JRAL and	give neg	rest fow	n)
	Baltimore		21	10	1-1	1	
	d. STREET ADDRESS				T	e. IS RES	
	3012 Edmon	dson	Avenue			YES [FARM?
	Jefferies	4. DATE OF DEATH	OF			th.	Yeor 1960
ED 🔲	B. DATE OF BIRTH 10/28/1867			Months	Doys	Hours	ER 24 HRS. Min.
R INDU	STRY 11. BIRTHPLACE (Stole Maryl		ountry)	1	S.A		COUNTRY
	14. MOTHER'S MAIDEN N						
	NFORMANT 5. Margaret E	. Grad	Addr ce,2523	ess Winds	or	Roa	d
1 24	, Occ/	151	027				DEATH
ed	Artorios	Cler	otic Co	rdo			
1	Vascula:	T	Piseds	6	1	10	yrs
ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS' PERFO YES _	AUTOPSY PRMED?
CCURRE	D. (Enter nature of injury in I	Port I or Par	t II of item 18.)				
20e. PL fo	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc	20f. (City	y or town)	(County)		(Stote)
death		M, fran	10, 1960 In the causes a	nd an t			
nel	No. 75	CL	treet, city or town,	K/	Rd	1/	ate signer
1		10	11	21	10	-)

22d. LOCATION (City, town, or county) (State)

Baltimore

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HH 12'60

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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TIFICATE	OF D	EATH	

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PLACE OF DEATH	IMORE			MARYLAND	I a STA	RESIDENCE (V		ed lived. If instituti b. COUNTY		nce befa	re admiss	ion)
b. CITY OR TOWN (III RURAL and give ne	outside corporate limi	ts, write	c. LENGTH 6	DAYS	c. CITY	OR TOWN (I	action of	orote limits, write R	RURAL ond	give ned	prest town)
OR INSTITUTION	AL (If nat in haspitol, g			AL	d. STR	733 G	REENMO	UNT AVENU	TE.			FARM?
B. NAME OF DECEASED (Type or print)	Fir WILL			Middle E		Lost JONES	4. DATE OF DEATH	Moi JULY	r	Do	9	Yeor 19 60
MALE MALE	6. COLOR OR RACE COLORED	7. MARR		R MARRIED [B. DATE OF		1891	9. AGE (In years last birthdoy) 69 yrs.	Manths	R 1 YEAR Days	Haurs	Min.
Oa. USUAL OCCUPATION during most of work JANITOR	N (Give kind of work ing life, even if retired	dane 10b.	HOTEL	INESS OR INC		RTHPLACE (Sto	- was a		12. CI	U S		OUNTRY?
3. FATHER'S NAME Unknown						HER'S MAIDEN						
5. WAS DECEASED EVER	R IN U. S. ARMED FOR Ilf yes, give war or dales of a WW I	ervice)	social secu		INFORMANT	Vet A	dm Hosi	Add p Baltol8	iress	rt. H	าพลาร์	i Div.
Conditions, if digove rise to in cause (o), stoting lying couse lost.	mmediate ()		OPNEUMO		ED TO THE TER	MINIAI DISFA	SE CONDITION GI	VFN IN PA		L Wee	ek
Cerebra 200. ACCIDENT WA	al infarct,	old	; Marke	ed Gene	ralized	l Arter	ioscle				PERFC	NO [
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. It While at worl	NJURY OCCUI	ile	PLACE OF INJ factory, street,	URY (Home, fa affice bldg., e	erm, 20f. (Ci	ty ar tawn)		(County)		(Stote)
21. I certify tha	t (F) (this haspital ed alive on July WALTER J.	у 19		ond that	M.D. ATTE PHYS	urred at 1	MED.	the causes a	nd an th	ne date	e stated	we) last dabave. b. DATE 7 / 2006
230. BURIAL, CREMATIO REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	7-22-	60	Balti		ational		Bal:	STRAR 256, REG	or county) [ary] [strar's s	and .		e)

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		606	T	CEKTIFICA	TE OF DEATH					~	
	COUNTY Ba	ltimore		MARYLAND	2. USUAL RESIDENCE (W o. SIATE Maryland	here deceased	lived. If institution b. COUNTY	on: Residence	before	admiss	ion)
b	RURAL and give ne	f outside corporate limiterest town) WSON	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	200	ote limits, write R	URAL ond gi	ve neare	st town	3)
d	OR INSTITUTION	AL (If not in hospitol, g			d. STREET ADDRESS 5006 Denmore Ave.						FARM?
D	AME OF ECEASED ype or print)	Anna	-	Middle emp	Lost	4. DATE OF DEATH	Mon Ju	th ly 8,	Day		Yeor 19 6 (
S. SI	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 4, 187		9. AGE (In years lost birthdoy) 87 yrs.	Months I		Hours	ER 24 HRS Min.
	None ATHER'S NAME	ON (Give kind of work king life, even if refired now waydelin	done 10b.	KIND OF BUSINESS OR INDU	Mary]	land NAME			J.S.		COUNTRY
	VAS DECEASED EVE	-		SOCIAL SECURITY NO. 17.1	Presbyterian	Home G	Towson,		land		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	/	ne for (o), (b), and (c).] CEREBRAL	THROM B.				INTER	TAND	DEATH DEATH
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (, 6	GENERALIS	ZED AK	RTURI	io Selu	R 0515		44	1383
CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART		PERFO	AUTOPSY DRMED?
RTIFI		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port	Il of item 18.)				

Doy, Year 20d. INJURY OCCURRED o. m. While Not while at work ot work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

21. I certify that (1) (this hospital) attended the deceased fram. J.B.D. 1958, to 1444 5 , 1960, that (1) (we) last 2_1960, and that death accurred at ILLM, from the causes and an the date stated above. saw the deceased alive an . 1 4 44

220. SIGNATURE 22c. PHYSICIAN'S

ATTENDING PHYS. MED. 22d. ADDRESS

22b. DATE

(Stote)

SIGNED

NAME (TypSidney J. Venable, Jr.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

REMOVAL (Specify) 7-11-60 Burial 24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREOF

Loudon Park

Baltimore, Maryland
REGISTRAR 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

John O. Mitchell & Sons, Inc. 1900 Eutaw Place

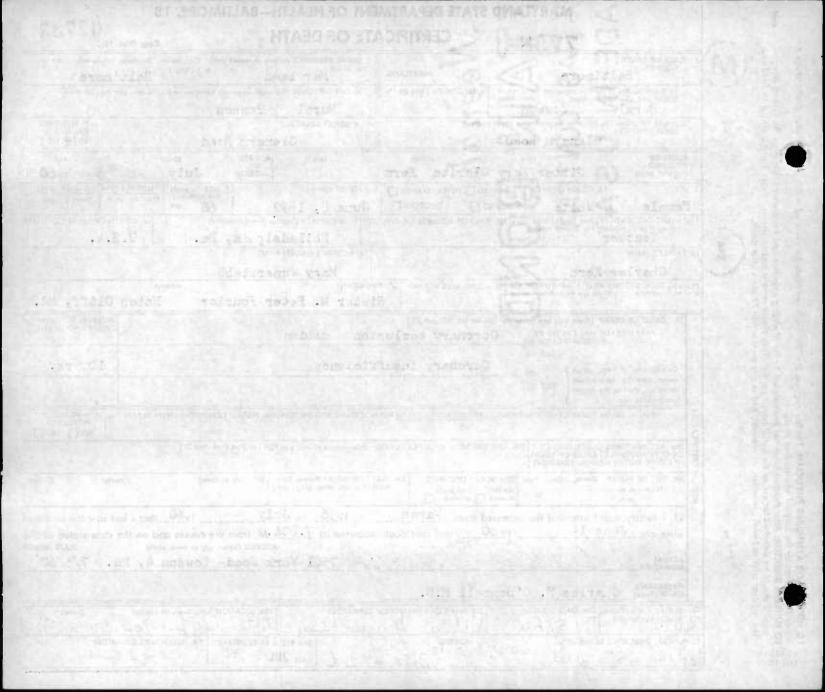
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	775	8	CER	CHIFICA	VIE OF	DEAII			Reg. D	ist. No.		00
1. PLACE OF DEATH							here deceased	lived. If instituti	on: Reside	nce befo	re admis	sion)
Bal	timore		M	ARYLAND	o. STATE	Maryla	nd	b. COUNTY	Bal	time	ore	
b. CITY OR TOWN (I RURAL and give no Rural	If autside carporate limearest town) Towso		c. LENGTH OF S	TAY IN 16	100			ote limits, write R	URAL and	give nec	arest tow	n)
d. NAME OF HOSPIT	TAL (If not in hospital,		oddress)	-/		T ADDRESS	201101	J.,			e. IS RES	SIDENCE
OR INSTITUTION	Glenarm F				1	Gl	enarm l	Road				A FARM?
NAME OF DECEASED (Type or print)		Mary		Kern		Lost	4. DATE OF DEATH	July	th	Do	,	Year 1960
i. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MA	ARRIED [B. DATE OF E	BIRTH	11221	9. AGE (In years last birthday)				ER 24 HRS
Female	White	WIDOW	ED DIVO	RCED	June	8. 189		68 yrs.	Months	Days	Hours	Min.
0a. USUAL OCCUPATION during most of work Teache	king life, even if retired	dane 10b.	KIND OF BUSINES	SS OR INDUS		Philad				I.S.A		COUNTR
3. FATHER'S NAME	•					ER'S MAIDEN	-	,		. 0.7		-
	. 7/	72										
Charles S. WAS DECEASED EVE		DCES2 14	SOCIAL SECURITY	NO 17 18	NFORMANT	ary Wu	nerstal	Add				
	(If yes, give wor or dates of		SOCIAL SECURITY			M. Pet	- F			L 01	100	3//2
	ATH [Enter only one c				TREEL	M. Fee	er roul	Ter	MOCO	n U	.111	, Md.
Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (0	Coronary			су				1	10 уз	rs.
	HER SIGNIFICANT CON								EN IN PA	RT 1(o) 1	9. WAS PERFO YES [DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJUR	RY OCCURRED). (Enter natu	re of injury in	Part I or Part	II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. II While of wor	NJURY OCCURRED Not while t of work	foc	CE OF INJUI	RY (Home, form ffice bldg., etc	n, 20f. (City	or town)		(County)		(Stole)
	ine 14	deceos 19.6			occurred	at 7.00	ADDRESS (Str	the causes of the cause of	and an state)	the do	te stat	
PHYSICIAN'S NAME (Type) C	harles F.	O'Don	mell M.D	•	/							
REMOVAL (Specify)	7/5/6		22c. NAME OF C	Ma OF	CREMATOR	em.	notel	ON City Joyn,	Mea	To	(Stor	n m
a funeral director	3 SIGNATURE!	6231	t Easley	ZOX 3	e wd	DATE J	D by REGISTE	- 111	strar's si			/

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VS A15 (4) 15M 9/55

	77:	5()	CERT	IFIC	ATE OF D	EATH		MORE, 1	Reg. Dis	0773	34
1. PLACE OF DEATH g. COUNTY	Baltimore		nty MAR	YLAND	2. USUAL RESID		ere deceased liv	ed. If instituti b. COUNTY	on: Residenc	e before adn	nission)
b. CITY OR TOWN (IF	outside corporate limitest lown) e 12	ls, write	c. LENGTH OF STAY	IN 1b		own (If or	utside corporote	limits, write R	URAL ond g	ive nearest to	own)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g 618 Regis	ter	Avenue		d. STREET A		ter Ave	enue		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	The	odor	e Edw		Kes	ting	4. DATE OF DEATH	Ju.		Doy 7	Yeor 1960
5. SEX male	6. COLOR OR RACE white	7. MARR			B. DATE OF BIRTH		61	AGE (In years pst birthdoy) yrs.		YEAR IF UN	IDER 24 HRS.
100. USUAL OCCUPATIO during most of worki Civil Engi	ing inte, even it retired	done 10b.	KIND OF BUSINESS (eavin Con ngineers	slt.	STRY 11. BIRTHPLA	CE (Stote o		(אר	12. CITI	U.S.A	AT COUNTRY
13. FATHER'S NAME	in Kestin				14. MOTHER'S	MAIDEN N	/	ıknown)			
15. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dotes of s		social security no 13-38-766		NFORMANT s. Heler	1 M.	Kesting	,618 E		er Av	enue
Conditions, if an gove rise to im couse (o), storing the lying couse lost.	ne under-	C	homia	<u> </u>	of Pa	No.	260)			INTERVAL ONSET AN	ND DEATH
PART II. OTHE	ER SIGNIFICANT CON UNDERLYING CAUSE OF DEATH		ONTRIBUTING TO DE						EN IN PART	PER	S AUTOPSY FORMED?
20c. TIME OF INJURY Hour D. JI. p. m.		r 20d. IN While of work	Not while	20e. PL	ACE OF INJURY (H ctory, street, office	ome, form, bldg., etc.)	20f. (City or I	own)	(Ca	ounty)	(Stote)
21. I certify the alive an actual SIGNATURE PHYSICIAN'S NAME (Type)	Henry	decease _, 126		death	, 195 6 occurred at \$ M.D. 2-5	1209.		ie causes a city or town,	nd an the		
220. BURIAL, CREMATION REMOVAL (Specify)	7-9-60	F	22c. NAME OF CEM Moreland				22d. LOCATION	(City, town, o	r county)	(St	ote)
23. FUNERAL DIRECTOR'S William Coo	SIGNATURE	217 8	ADDRESS		+	240. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGN		

	CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. 07735

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	o. STATE	Marylan		ved. If instituti b. COUNTY		timo:	
RURAL ond give ned	outside corporate limits	write c. LENG	TH OF STAY IN 16	c. CITY OR	TOWN (If out		e limits, write R			
OR INSTITUTION	L (If not in hospitol, give Middlebour			d. STREET		ddlebo	urgh Ro			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Kat	İE	Middle K	105/11	7 9	4. DATE OF DEATH	July Mon	8.	Doy	Year 19 60
5. SEX Female		MARRIED N	DIVORCED	8. DATE OF BIRT	TH T 188		AGE (In years lost birthdoy) 77 yrs.	Months Months		Hours Min.
10a. USUAL OCCUPATION during most of working Housewill 13. FATHER'S NAME	ng life, even if retired)		BUSINESS OR IND	USTRY 11. BIRTHP	Marylan	id	lty)		S.A	WHAT COUNTRY
U	nknoun				S MAIDEN NA Unitino					
15. WAS DECEASED EVER (Yes. no. or unknown) No	IN U. S. ARMED FORCE yes, give wor or dates of serv			informant Herman Ki	lesling		Same	ress		
Conditions, if on gove rise to im couse (a), stating the lying couse last.	mediate (Coro	Nary	voti		vdil	Dise	ase	5.0 5.0 5.0	VAL BETWEEN I AND PEATH
20a. ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING 2 CAUSE OF DEATH (EDICAL EXAMINER)		W INJURY OCCUR	2,40.00.00	af injury in Po	rt I or Port II	of item 18.)		Y	PERFORMED?
20c. TIME OF INJURY Hour o. m. p. m.	19		while	octory, street, affic	te bldg., etc.)	ZUr. (City or	town)	(C	ounty)	(State)
21. I certify the olive on	y 8 8 MBa	leceased fram , 19 60		T. 19.6.1 th accurred at				ind on th		the deceased stated above DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Eurial	7/11/60		ME OF CEMETERY	or crematory Cemetery			N (City, town, o		nd.	(State)
23. FUNERAL DIRECTOR'S	Milyegens	PL	RESS		1	BY REGISTRA	245. REGIS	STRAR'S SIG	NATURE	A

VS A15 (4) 15M 9/5S

Physical Coll.	CERTIFICATE OF DEATH		
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FOR STATE HEALTH DEPT. TO DEPY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any decisions is necessary, please executed certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the conditions at should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any exeminitin 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7761

		()	7	7	3	6
Reg.	Dist.					_

1. PLACE OF DEATH o. COUNTY	Reltimore		MARYLAN	2. USUAL RESI	Maryls		b. COUNT		e before odr	nission)
	outside corporate limits, write nore—rural	RURAL C. LEN	IGTH OF STAY IN 1			tside corporote e-rura	limits, write	RURAL ond g	ive nearest t	own)
d. NAME OF HOSPITA	inganore	not in hospital, giv	ve street oddress)	d. STREET AI 2803 I		re				RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	First Leonor		Middle (aude	Kohlhepp		DATE OF DEATH	Month July		Day	Yeor 1960
5. SEX female	6. COLOR OR RACE white	7. MARRIED N	DIVORCED	Sept 25	, 1893	9. AC lost	E (In years bighday) yrs.	Months Do	EAR IF UN	DER 24 HRS. Min.
100. USUAL OCCUPATION during most of working nouseway 13. FATHER'S NAME	e lite, even if refired)		BUSINESS OR INDU	Ma. MOTHER'S	rylan	d.		12. CITIZE	N OF WHA	T COUNTRY?
15. WAS DECEASED EVE	Les W. Ha R IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. SOCIAL	. 0 . 0	Hat INFORMANT Annabelle		rebing ce (cou	Address	ame		
PART I. DEAT	liote couse (Str	roke ebral vas	cular Acci					INTERVAL BETY ONSET AND D	ned
(o), stoting the couse lost.	er SIGNIFICANT COND			T NOT RELATED TO				EN IN PART I	(g) 19. WAS	AUTOPSY ORMED2
PART II. OTH 200. EXTERNAL CAU PRIMARY or COP CAUSE OF DEATH.	ISE WAS 206			. (Enter noture of inj					YES [NO T
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeer		Not whilef	PLACE OF INJURY (Hactory, street, office		20f. (City or to	wn)	(Count	γ)	(Stote)
opinian death	resulted frame:			_		, Inspermicide ,	undete	Inquiry rmined mo	onner 🔲	Ind in my
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John C	Hyle MD	<i>C</i>	ASSISTAN	EDICAL EXAM NT MEDICAL MEDICAL EXA	EXAMINER [7-	6-60	JIGINED
220. BURIAL, CREMATIO REMOVAL (Specify)	7-9-60) /	ane of cemetery	Cemeter	y		nore,	Md.		ote)
23. FUNERAL DIRECTOR		305 Har	obress Aford Rd		740. REC'D I	Y REGISTRAR	24b. REGI	STRAR'S SIGN	IATURE	

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	Daniel Arms A			
7 (Aug V	A modest priority (port	CE .	STEEL O minds	

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VS A15 (4) 15M 10/57

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24

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filled in by th	ages 1 and 2 shaule	1
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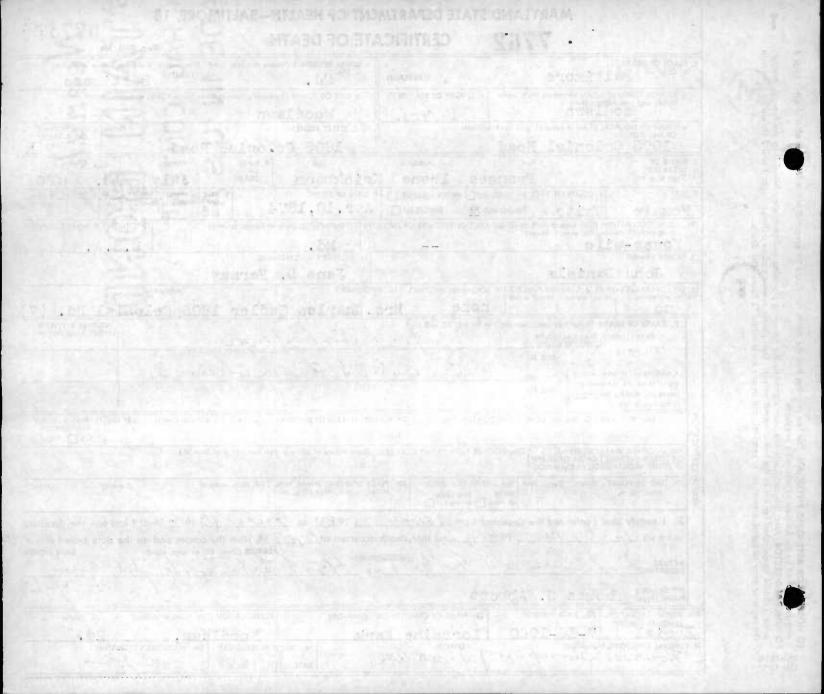
rs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7762

CERTIFICATE OF DEATH

07737 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY BS	ltimore		, MARYLAND	2. USUAL RESI	DENCE (WI	nere deceased	lived. If instituti b. COUNTY		timo	
b. CITY OR TOWN RURAL ond give	(If outside carporate limits,	write c. LENG	TH OF STAY IN 15	c. CITY OR	TOWN (If o	outside carpor	ote limits, write R			
Woo	dlawn		19 Yrs.	W Wo	odla	wn				
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, give	street oddress)		d. STREET						S RESIDENCE
1805 (colonial Ros	ad		180)5 Co	lonia	1 Road			ON A FARM?
3. NAME OF DECEASED	First		Middle	Los	st	4. DATE	Mor	ith	Day	Yeor
(Type or print)		ances	Irene	Krickba	um	DEATH	Ju.	ly	13,	1960
5. SEX	6. COLOR OR RACE 7.	MARRIED NI	EVER MARRIED	B. DATE OF BIRT			9. AGE (In years lost birthday)	IF UNDER		UNDER 24 HRS.
Female	1112220	IDOWED 🔀	DIVORCED	Apr.10			86 yrs.	Months	Days H	ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work don- orking life, even if retired)	e 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote	or fareign co	untry)	12. CIT	IZEN OF V	VHAT COUNTRY
House-W				Md				TI.	S.A.	
13. FATHER'S NAME				14. MOTHER'S		AME				
John	Daniels			Jan	e D.	Fern	ay			-
15. WAS DECEASED EN	ER IN U. S. ARMED FORCES		CURITY NO. 17.	INFORMANT			Add	ress		
no	(ir yes, give wor or odies or service	none	Mr	s.Charl	es S	adler	1805 (Colon	ial	Rd. (7
Canditions, if gove rise to couse (a), stating lying cause lost	the under-	Š	ener	legel &	are.	Cyc	elevor	ì		
20g. ACCIDENT W	THER SIGNIFICANT CONDITION (AS UNDERLYING 20th G CAUSE OF DEATH		V INJURY OCCUR					EN IN PAR	P	WAS AUTOPSY PERFORMED?
	Y MEDICAL EXAMINER)									
ZOc. TIME OF INJU Hour o. m. p. m.		20d. INJURY OC While Not of work of w	whilefe	PLACE OF INJURY I octory, street, office	Home, form e bldg., etc.	20f. (City	or town)	(0	County)	(Stote)
ACTUAL SIGNATURE	that I attended the de la state of the late of the lat	4 -	and that death	h occurred at	12/64	M, from ADDRESS (SIE	the causes coet, city or town,	and on th	last saw the date :	the deceased stated above DATE SIGNED
220. BURIAL, CREMATI		22c. NA	ME OF CEMETERY (OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(Stote)
Burial	7-16-1960			ark		Woo	dlawn.		Md	
23 FUNERAL DIRECTO	R'S SIGNATURE 3	2051,000	RESE AD BO	10	24a. REC'E	BY REGISTR	AR 24b. REGIS	STRAR'S SIC		
D. Square	2	10,1	VCT411 CES	C.	DATE II	11 15 %	60 0	ILMA &	Krauk	



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0	Ined	ld be	prior
3	RAL	page 3 should be detached for use as the burial-transit permit. Then plage remove corbon papers. Pages 1 and 2 should be filed with	stror
HOSP	UNE	ge 3	ge reg
TO HOSPING OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 urs after death. Page 4	moy be bined by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director.	8	r r

VS A1S (4) 15M 9/5S

	77	63	CEKTIFI	CAIL	OF DEAT	n		Reg. D	ist. No.		40
1. PLACE OF DEATH o. COUNTY B	altimore		MARYLAN	2. US a.	UAL RESIDENCE (W	there decease	ed lived. If instituti b. COUNTY	1000	nce befo		ion)
b. CITY OR TOWN RURAL and give	(If autside carporate limineares town) a TTIMore 6	its, write	c. LENGTH OF STAY IN	lb c.	Baltimo		orate limits, write R	URAL and	give nec	crest town	1)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g 5107 Kenwo	od Av	ddress) enue	d.	STREET ADDRESS 5107 Ke	nwood	Avenue				FARM?
3. NAME OF DECEASED (Type or print)	Jo	nt hanna			Lost Lachnit	4. DATE OF DEATH	Jul		5		Year 19 60
5. sex Female	White	WIDOWED	_	Aug	of BIRTH 3. 7, 187		9. AGE (In years Slot birthdoy) yrs.	IF UNDE Months	R 1 YEAR Days	IF UNDI Haurs	ER 24 HRS Min.
during most of wo	ON (Give kind of work king life, even if retired	dane 10b. K	IND OF BUSINESS OR IN	NDUSTRY 11	. BIRTHPLACE (Ston		country)	12. CI		S.A.	COUNT
13. FATHER'S NAME Gust	av Peach				ohanna		nknown)				
15. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s			7. INFORM.	ANT I. Lachni	t,Sr.	,5107 Ke	nwoo	d Av	enue	9
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	(A	for (a), (b), and (c).	MY	lessen	die	Polo		INTI	RVAL BE	TWEEN
153	DUE TO		Volum	Leve	d u	nef	Mit	isl	au	,	
Canditians, if a gave rise to cause (a), stating lying cause last.	the <u>under-</u>										
PART II. OT	Victor Statement		ONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCU	IRRED. (Enter	nature of injury in	Part I or Pa	rt II of item 18.)				
Y 20c. TIME OF INJU Hove o. st. p. m.	RY Manth, Day, Ye	ar 20d. INJ While at work	Not while	PLACE OF foctory, str	INJURY (Home, fari eet, affice bldg., et	m, 20f. (Cit	y ar town)		(County)		(State
	hat I attended the	decease	1.1	-L	19.60 to	J /	5, 1960				
actual SIGNATURE	Bha	(A)	Cafu	M.D.	2145	ADDRESS IS	m the causes of	and an i state)	the da		ed abar
PHYSICIAN'S NAME (Type)	Tharle	SA	Cahn			30	llinin	L.,	m	X	
BURTAL (Specify	7-8-60	OF .	Moreland F			1	TION (City, town, o	or county)		(State	D }
23. FUNERAL DIRECTO	rs signature nc., 1217	St. Pa	ADDRESS ul Street			D BY REGIS					
					DATE	na O 16	00 1 00	v1 - P	45	. A	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07740

Rea Dist No

PLACE OF DEATH o. COUNTY Balti	more		MARYLAND	2. USUAL RESIDENCE (V		lived. If Institu		
	If outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		ote limits, write	RURAL and give r	nearest town)
Dunds			19 years	53 Dunda	1k	(22)		
d. NAME OF HOSPI 1947	TAL OR INSTITUTION (Walnut Av	If not in hos	pitat, give street oddress)	d. STREET ADDRESS	Walnut		16	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fir	st	Middle	Last	4. DATE	Mont		Yeor
(Type or print)	EDW	ARD	CHARLES	LANGE	OF DEATH	Jı	aly 30tl	n. 1960
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		AGE (In years		IF UNDER 24 HRS.
male	white	WIDOWE		June 25.18	92 6	8 yrs.	Months Days	Hours Min.
100, USUAL OCCUPAT	ON Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST				12. CITIZEN O	F WHAT COUNTRY
Master Se	ing life, even if retired)	IT	S.Armv	Michiga	n		USA	
13. FATHER'S NAME	1 goano	10,	D.AI my	14. MOTHER'S MAIDEN I			I USA	
Charl	es F.Lang	8		Caroli	ne Sta	Comes		
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	110 000	Address		
(Yes, no, or unknown)	Ilf yes, give wor or dates of	service)	18-22-0253	Anna C.Lan	00		as #2	
	ATH [Enter only one can			Allia V.Dali	80	Same		RVAL BETWEEN
Conditions, if gove rise to imme (o), storing the course lost.	idiate couse	In	anti-	monffe	my &	este	nois,	11-
PART II. OT			ENTRIBUTING TO DEATH BUT N					P. WAS AUTOPSY PERFORMED? YES NO
	NTRIBUTING []	io. Describe		tier nature of injury in Par	T I OF PORT II OF	17em 15.}		
20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Day, Yes	While	Not while of work	E OF INJURY (Hame, farm ry, street, office bldg., etc		town)	(County)	(Stote)
21. I certify t	hat I took chorge	of the r	empins described above	e, held an Autops	y , Insp	pection 🖳	Inquiry 🕖	and find that
ACTUAL SIGNATURE	Melvin B.	30	ws,	_M.D. CHIEF MEDICAL EXACTS MEDICAL EXACTS MEDICAL DEPUTY MEDICAL	XAMINER C	etermined o		DATE SIGNED 8/1/60
	ON, 226. DATE THEREC		22c. NAME OF CEMETERY OR			NI (Ciby A-	as assumbe)	1CA-4-3
REMOVAL (Specify	1 01-11-				-	IN (City, town,	**	(State)
Burial 23. FUNERAL DIRECTO	BS SIGNATURE		Baltimore Na		D BY REGISTRA	more N	STRAR'S SIGNATU	PE .
		7 7					SIKAR S SIGNATU	KC .
Marren pr	ooks brad	rey,	Inc., Dundalk	22, Md DATE A	UG 2 '60	0 0	Thun & the	

VS. A15ME(S) 5M 9/55

or removal.

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FOR STATE HEALTH DEPT.

TO DEPL MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision is necessary, please execute rine certificate, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the longeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or remayal, and in any event which 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7765

07741

Reg. Dist. No.

1,	PLACE OF DEATH					2. USUAL RESIDENCE	(Where decease	sed lived. If institu	tion: Resid	ence bel	ore odmi	ission)
	Ba	ltimore		MARYLA	AND	o. STATE Md		b. COUNT	Y Ba	1 1:11	nore	
	b. CITY OR TOWN III .		rile RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL on	d give n	earest to	wn)
	Rural Pil	kesville		27 mg		Pikesvi	770 8	MA				
-			(If not in has	pitol, give street address)	•	d. STREET ADDRESS	TIGO	9 1100			e. 15 Rt	ESIDENCE
	12 Dreh	er Ave.	Pik	esville 8	Md	12 Drehe	r Ave	•				A FARM?
3.	NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Mont	h	Day	Υ	еог
		Alfred		Sampson		Lewis	DEATH	July	12		1	9 60
5.	SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	-	TYEAR	IF UND	ER 24 HRS.
_	Male	White	WIDOWE	DIVORCED [July 30,1	869	yrs.	Months	Days	Hours	Min.
10	o. USUAL OCCUPATION	(Give kind of wor	k done 10b. K	IND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Sto	te or foreign o	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	Retired			merman Ice	e C	d Maryla	nd		1	U.S	. A.	
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Mil.	burn Le	ewis									
1	5. WAS DECEASED EVEL	IN U. S. ARMED I	ORCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		TAditriess	esvi	170	8.	Md.
1	(es. no. or unknown)	If yes, give war or dates	of survice)	18-14-119	AC	Mr. Lee M	ortim		rehe		7	1100
-	18. CAUSE OF DEATH	0. 1 W 10 10 W	ouse per line		A-	111 1 200 11	OT OTHE	C+ 9	T CIICI		VAL BETWE	EN
	PART I, DEATH	WAS CAUSED BY	700		melt ex	3.cclu				CINSI	T AND DEA	ATH
	4 4	MMEDIATE CAUSE		e to lovo	4	out a	210	70		12	trub 2	18.0
	V	DUET	0		1							
	Canditions, if any	ate cause	(b)									
	(a), stating the ur		0									
	couse fost.		(c)									
CATION	PART II, OTHE	R SIGNIFICANT CO	NOTIONS CC	ONTRIBUTING TO DEATH	BUTN	OF RELATED TO THE TER	MINALDISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1		AUTOPSY RMED?
12		ractors	681 00	Timp.						· ·	res 🔲	NON
CEPTIE	PRIMARY OF CONT	RIBUTING [20b. DESCRIBI	HOW INJURY OCCURRI	ED. (En	ter nature of injury in Pr		bach	CHA	12.1		
18	20c. TIME OF INJURY		fear 20d. I	NJURY OCCURRED 20e	PLAC	E OF INJURY (Home, for	rm, 20f. (City			uniy)		(State)
MEDICAL	Hour o.m.	June 27	While		factor	ry, street, office bldg., el	(C) 1 3	waville	Ba	Chi		med.
	21. I certify the	of I took chore	ge of the r	remains described	abov	e, held an Autop	sy], I	nspection X	Inqui	ry R	an	d in my
	opinion death r	esulted from:	Noturol o	causes 🔀 , Accide	ent [], Suicide [],	Hamicide	, Undete	,	, ,		
	ACTUAL SIGNATURE 2	1.70. Co	n les	<u>P</u>		M.D. CHIEF MEDICAL	EXAMINER [DATE S	IGNED
1		4				ASSISTANT MEDI	CAL EXAMINE	R		-7.	-12	-780
100	EXAMINER'S NAME (Type)	D.D.Capl	les, M	.D.		DEPUTY MEDICA	L EXAMINER	X				
2	20. BURIAL, CREMATION	, 22b. DATE THER	EOF	22c. NAME OF CEMETER	YOR	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	•}
	Burial	July J	5.196	O Whatcoat	t C	emeterv	Snor	w Hill.	Marr	77 2 2	. To	
2	3. FUNERAL DIRECTORS		1	MODRESS /			C'D BY REGIST		STRAR'S SI			
1	mank	94. 11	Penel	V Nekes	net	LO 8 DATE	JUL 18'	60 0	athur &	. the	24	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		71110			DATE !
CEI	RTIFIC	ATE	OF	DE	ATH

07742

	77	766		CERTI	FICA	TE OF DE	ATH	,,,,,,,			0.5.	742
	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESID	ENCE (When		b. COUNTY	n: Residence	0.7	- V
	RURAL and give ne	f outside corporate limi arest town) imore-Rura		LENGTH OF STA	Y IN 1b		OWN (If out	tside corporate li				
		Shady Nool	ive street odd Nursi	ing Home		d. STREET AD	DDRESS	ld Road			0	RESIDENCE IN A FARM?
	NAME OF DECEASED (Type or print)	JOHN		Middle S.	e	LIPSCOM		4. DATE OF DEATH	Mont Jul		Day 1	Yeor 19 60
S. :	Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARR		8. DATE OF SIRTH		las	t birthday)			NDER 24 HRS.
	. USUAL OCCUPATION during most of work Retired F	N (Give kind of work of ing life, even if retired)		of Business	OR INDUS		nond,	Virginia		12. CITIZ	EN OF WH	AT COUNTRY?
	Winfield	Lipscomb				Octav	ia Par	sley				
	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of se		CIAL SECURITY NO		IFORMANT			Addr			Md.
	Yes		ner.	None		rs. Mary	McNut	t-208 B	rookfi	eld_Ro		
	PART I. DEA' Conditions, if or gove rise to in couse (o), stoting I	n mediote	Br	elmin	an	noum	bol	lus 2mia Sc	la sor	,	3 E	ayo
CERTIFICATION	HI AVER	ER SIGNIFICANT CON								EN IN PART	PE	AS AUTOPSY REFORMED?
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DESCRIE	SE HOW INJURY	OCCURRE	D. (Enter noture of	injury in ro	er i or Fort ii or	irem 10.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Day, Yes	While _	RY OCCURRED Nat while ot wark	20e. PL/ fac	ACE OF INJURY (H tory, street, affice	ome, farm, bldg., etc.)	20f. (City or to	wn)	(Co	unty)	(Stote)
	saw the deceas	t (1) (this haspital ed alive an Ju	. 47	1 .		May eath accurred	at / P4	Tram the	edy i			i) (we) last ted abave.
	22a. SIGNATURE	Aloeer 7	01-			M.D. ATTENDING	☐ MED		AFF	7	-2-	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	wethe	2 + 6	ee_	For	22d. ADDRES	1118	St. 6	Paul	8.	. Rul	Jun 7
23a	BURIAL, CREMATION REMOVAL (Specify) BURIAL	7/4/60	F 2	3c. NAME OF CEA		Cemeter:		Baltime				(State)
24.	im.g. (2	SIGNATURE TO	Bee.	Per-17	n	11	25a. REC'D DATE	BY REGISTAGO	2Sb. REGIS	TRAR'S, SIGN	1 TURELA	

TO HOS VR A1S (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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DATE OF THE PARTY
FOR STATE

TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any does necessory, please executions certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the loweral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Filespages 1 and 2 with the State Baard of Wealth or its designated agent, prior to buriol, cremation, or removal, and in an event within 72 bours after death.

VS. A15ME 5M 2/57

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7767

Reg.			6	7	4	
Reg.	Dist.	No.		B	-	€,

					Keg	, DISI, IVO.	
1. PLACE OF DEATH 0. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (o. STATE MAR.	Where deceased li		sidence before odmis	ssion)
b. CITY OR TOWN (If or ond give nearest town) BALTIMORE	C RURAL	c. LENGTH OF STAY IN 16		If outside corporat	e limits, write RURAL (ROSEDAL)		vn)
d. NAME OF HOSPITAL	Rosedale Ave		d. STREET ADDRESS 8112 ROSE	DALE		ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First GEORGE E	Middle	Lost IPUS	4. DATE OF DEATH	Month JULY		9 60
5. SEX MALE	6. COLOR OR RACE 7- MARRI WIDOWE	ED X NEVER MARRIED (8.	DATE OF BIRTH 21 APRIL 188	et en	GE (In years IF UND Month 73 yrs.		R 24 HRS. Min.
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13. FATHER'S NAME	iam Lupus		14. MOTHER'S MAIDEN	NAME			
15. WAS DECEASED EVER		15 05 0500 A	Laura W. Bronnant Vrs. Lena	eigier 1	Address		
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PRIMARY or CONT CAUSE OF DEATH.	Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, forr ry, street, affice bldg., etc	m, i 20f. (City or h		County)	(Stote)
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EXAMINER'S NAME (Type)	John C Hyle	MD	ASSISTANT MEDICAL			7-14-60	
220. BURIAL, CREMATION, REMOVAL (Specify)	7/16/60	Parkwood (emetery	Ba	(City, town, or county) Ltimore,	Marylan	1
23. FUNERAL DIRECTOR'S Leonard J.	0 1 1	larford Road	#14. DATE J	UL 18 60	24b. REGISTRAR'S	S. Kraus	

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is necessory, please exe-director. Page 4 should be TO DF CATE CATHER EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any is necessory, please execute me case are certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar removal. VS. A15ME(5) 5M 9/55

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I certify that I took charge of the remains described abd deoth resulted from: Notural causes A Accident Signature EXAMINER'S COOS. M. Kieffer M.D. BURIAL GREMATION, 225, DATE THEREOF 226. MAME OF CEMETERY O 227. MAME OF CEMETERY O 228. MAME OF CEMETERY O 229. MAME OF CEMETERY O 220. MAME OF CEMETERS 220. MAME OF CEMETERS 220. MAME OF	DELECTION OF CONTRIBUTION OF STATE HORD. 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1. 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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	C	EF	ITS	FIC.	ATE	OF	DE	ATH

a. COU	of DEATH ROSEWOOD STA	ite Irain	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary.	b.	COUNTY	onkton	dmission)
RURA	OR TOWN (If outside corporate limits and give nearest town) Ags Mills, Md.	s, write c. LENC	months	c. CITY OR TOWN (IF	outside corporate limi Maryland	ts, write RURAL ar	nd give nearest	town)
d. NAM	SE OF HOSPITAL (If not in hospitol, g NSTITUTION SEWOOD State Trail		n l	d STREET ADDRESS Corbett	Road		0	RESIDENCE ON A FARM?
3. NAME DECEAS (Type o	OF Fir		Middle Burns	Lost McCloskev	4. DATE OF DEATH	Month 7	Day 5	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED N	LA	B. DATE OF BIRTH	9. AGE lost t	oirthday) Month	DER 1 YEAR IF U	UNDER 24 HRS.
Ma. 10a. USUA during	L OCCUPATION (Give kind of work of most of working life, even if retired	WIDOWED []	BUSINESS OR INDUS	12/12/59 STRY 11. BIRTHPLACE (Stoke Maryland	or foreign country) -Baltimore	elity 12.0	U.S.A	IAT COUNTRY?
15. WAS D	ES McCloskey ECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO. 17. IN	Carolyn :	Louise, McC	loskey Address		
Yes, no, or a	inknown) (If yes, give war or dates of s	Stylice)	_ R	osewood Reco	rds			
NOTA Canse lying	ditions, if any, which per rise to immediate (a), storing the under-cause last. (c) PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBU		Contents NOT RELATED TO THE TERM O. (Enter noture of injury in			PI	VAS AUTOPSY ERFORMED? S NO
(IF EIT	DNTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER) ME OF INJURY Month, Doy, Yes Hour o. m. 19	While No	t while fac	ACE OF INJURY (Home, for trory, street, office bldg., et))	(County)	(Stote)
21. I	21. I certify that (I) (this haspital) attended the deceased fram							
22c. P	HYSICIAN'S Next W.	uli ad Rieck	t, Pallule ext	TTENDING ANDRESS	AED. STAF	Que &	5 altin	22b. DATE 1/5/60
REMO	NI. CREMATION, 23b. DATE THERECONAL (Specify) ALL DIRECTOR'S SIGNATURE	960 K	OSUNO DO	Cernetry 25a. REC	23d. LOCATION (CI Owens TO BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	(State)
1	2035346XV	6	mousi	DATE	ar 11 00	Orthus	2. Krona	

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

rs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

117746

1. PLACE OF DEATH o. COUNTY BAL	TIMORE	MAI	RYLAND 2.	O. STATE MARYLA		ed. If institution: Resident b. COUNTY	ce before admission)	
b. CITY OR TOWN	(If outside corporate limits, neorest town) T HOWARD	write c. LENGTH OF STA		BALTIM		limits, write RURAL and	give nearest town)	
OR INSTITUTION	ADMINISTRAT			d. STREET ADDRESS 8249 BI	ULLNECK	ROAD	e. IS RESIDEN ON A FAR YES NO	RM2
3. NAME OF DECEASED (Type or print)	First	Midd		Lost CLYMONT	4. DATE OF DEATH	Manth	Day Year 29 196	_
S. SEX	6. COLOR OR RACE	MARRIED NEVER MARI	RIED 8. D	ATE OF BIRTH	9. 4		1 YEAR IF UNDER 24	
during most of wo	ION (Give kind of work do orking life, even if retired)	one 10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stote		y) 12.CIT	IZEN OF WHAT COU	NTRY
CARPENTE 13. FATHER'S NAME	ı.R	CONSTRUCTI	30.00	4. MOTHER'S MAIDEN		KSEY U	SA	
WTT.T.TAM	McCLYMONT			CARRIE (1	UNKNOWN)			
		ES? 16. SOCIAL SECURITY N 215-24-5742		RMANT		Address MD FT HOWARI	D DIVISION	I
18. CAUSE OF D		se per line for (o), (b), ond (o	:).]				INTERVAL BETWE	EEN
1517	LIVER AND LUNGS						UNKNOW	N
gove rise to couse (o), statin lying cause los	g the under-							
PART II. O		itions contributing to b	EATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN IN PAR	T 1(a) 19. WAS AUT PERFORME YES (A) N	ED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	906. DESCRIBE HOW INJURY	OCCURRED. (I	inter noture of injury in	Port I or Port II o	of item 18.)	pin la	
ZOc. TIME OF INJU Haur a. m p. m	. 10	20d. INJURY OCCURRED While Nat while at wark of wark		OF INJURY (Home, form, street, affice bldg., etc.		own) (County)	(State)
	21. I certify that (this haspital) attended the deceased fram June 27 8160 Apr July 29 , 19 60, that (i) (we) last saw the deceased alive and July 29 19 60, and that death accurred at M, from the causes and an the date stated above.							
22a. SIGNATURE	1 Dijan	1	ATTENDING	NED S	TAFF HYS.	22b. D/		
22c. PHYSICIAN'S NAME (Type)		JANOWSKI, M.D.		22d. ADDRESS VAH_Balto	18, Md.	, Ft Howard	Division	
23g. BURIAL, CREMAT	ION, 23b. DATE THEREOF		METERY OR C			(City, town, or county)	(Stote)	
REMOVAL (Specific Burial	" AUG.1, 19	160 Baltimor	e Natio	onal		Baltimore	Maryland	
C.F. Herfan	uann	ADDRESS			D BY REGISTRAR			
Clarence	F. Hoffman	3218 Hudson S	t. Balt	DATE AL	16 1 '60	arthur S.	Thate	

TO HOS VR A1S (4) 1SM 9/59

ALL AND SO STADERS SO State of the state THE SECOND SECTION OF THE PROPERTY OF TO THE REPORT OF THE PROPERTY THE COURSE OF SECRETARIES HITH ROTHER HOSTINGS Early experiences, a series where were A series of the first term of the series of LOR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

TO HOS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7771 **CERTIFICATE OF DEATH**

Reg.	Dist.	No.()	7	7	4	1
we fire	-1211			-	-	404

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
1	Baltimore	MARYLAND	o. STATE Md b. COUNTY DOY	chesTer/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural: Towson 4	c. LENGTH OF STAY IN 16 13 months	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	. 1
M	d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION Eudowood Sanato		Paw Paw Farm	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First / ES	Middle YOSCK	h me court of DEATH July	Day Yeor 3 1960
	N WIDOWE		3/25-/86 last birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIOCK 577 176 13. FATHER'S NAME	NOUE TO BUSINESS OR INDU	Bait; more Cily K	Therico
	Charles me	Cont	14. MOTHER'S MAIDEN NAME Mary Mc Call	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dofes of service)	SOCIAL SECURITY NO. 17. 1	Hospital Records Address Eudow	ood Sanatoriu
	1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e far (a). (b). and (c).] Carcinon	a of Bustate with exact the surveys	INTERVAL BETWEEN ONSET AND DEATH / 5 Mwo
	Conditions, if only which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS COLOR 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO
- 2		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Mour o. m. 19 of work	_ Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or tawn) (C	ounty) (State)
	21. I certify that I attended the decease alive an July 19 19		9 . 19 59, to July 3 . 1960, that I I occurred at 9.10 4. M, fram the causes and an the ADDRESS (Street, city or town, state)	ast saw the deceased ne date stated above. DATE SIGNED
	SIGNATURE MUSSON /-	s./ ples	M.D. Endroved Sanatorum	7/3/60
	PHYSICIAN'S NAME (Type) Milton B. Kress.	M.D.	Eudowood Sanatorium, Towson 4	, Md.
	20. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) July 6, 1960	Moreland Me	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
1	John A. Maran 3000 E	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIC	
L	John A. Moran 3000 F. [Paltimore It.	· Balto. DATE JUL 7 '60 arthur &	Thous

		MATERIAL DESIGNATION	100,000,000,000	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7772

CERTIFICATE OF DEATH

Reg. Dist. No. 07748

1. PLACE OF DEATH O. COUNTY B	altimore	MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary 1 at		lived. If institution b. COUNTY	Residence	before admis	sion)
b. CITY OR TOWN (I RURAL and give no Catonsy	outside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corpore	ote limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOSPIT	TAL (If not in hospital, give street tshire Road	oddress) ,	d. STREET ADDRESS 348 We	stshir	e Road		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Marjorie R	Mc Dowell	Lost	4. DATE OF DEATH	July 5		Day	Yeor
5. SEX' Female	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH March 8.	1885	P. AGE (In years last birthday) 75 yrs.	Months Do	YEAR IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work HOUSEW1	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU		te or foreign cou	untry)		N OF WHAT	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Jeramia	h Gossard		Elizabrt	h Wood	022			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	II Wass	Addr	ess		
NO NO	(If yes, give wor or dates of service)	16:12:6822A	Mrs. Eliz	abeth	Shettle	348	West	shire
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH	mmediate the under to (c) HER SIGNIFICANT CONDITIONS OF THE CANCEL CANC	epturo alxo therose berosi	Dispasa				PERFC	DEATH DEATH
20c. TIME OF INJUR Hour o. m. p. m.	While		ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City o	or town)	(Cou	nty)	(Stote)
actual SIGNATURE PHYSICIAN'S NAME (Type)	N, 22b. DATE THEREOF	ed fram. July 100 per	M.D. Mal	A_M, fram ADDRESS (Sire	the causes a set, sity or tawn.	nd an the state)	date state	ed abave. ATE SIGNED 1 1 1 1 1 1 1 1 1 1 1 1 1
REMOVAL (Specify)	7/8/60	Rose Hill			rstown			
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24g. REG	C'D BY REGISTR		TRAR'S SIGNA		
John T. S	tansbury 641:	l Windsor Mi	11 Rd DATE	#811 7		Outline S		

CERTIFICATE OF DANTING productive se agree actives intention of the sector fills and are invited that

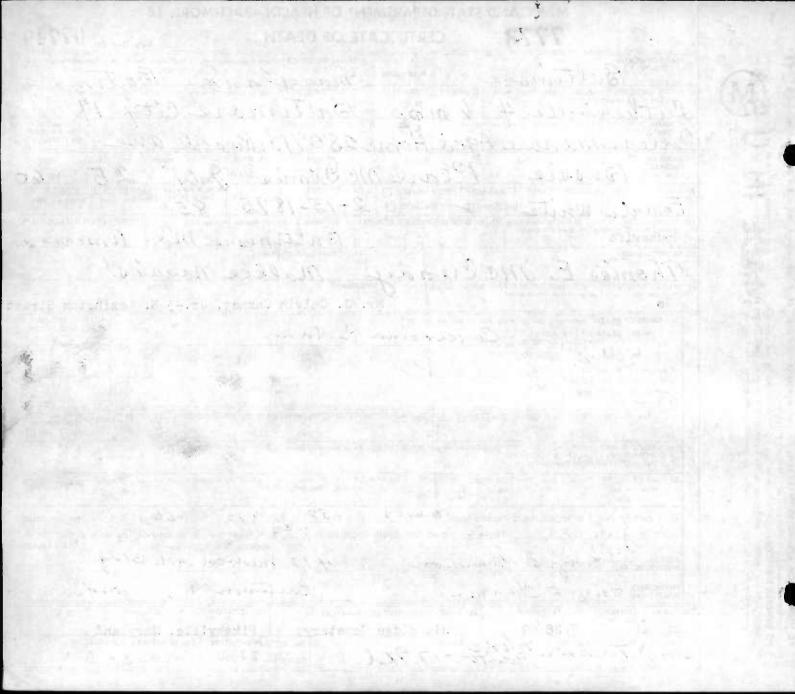
VS A15 (4) 1SM 9/5B

director,

7773	CERTIFIC.	ATE OF DEATH	Reg. I	Dist. No. 07749
b. CITY OR TOWN (If outside corporate limits, RURAL and live nearest town)	4 6 ma	9. STATE Mary	pere deceosed lived. If institution: Reside COUNTY Baselines and County Baselines are composed to the RURAL on County Baselines and County Baselines are considered to the County Baselines and County Baselines are considered to the County Baselines and County Baselines are considered to the County Baselines and County Baselines are considered to the County Baselines and County Baselines are considered to the County Baselines are considered to the County Baselines and County Baselines are considered to the County Baselines are considered to the County Baselines and County Baselines are considered to the County Baselines are considered t	Etimoso
d. NAME OF HOSPITAL (If not in hospital, give ORINSTITUTION Manure	Aged Hom	d. STREET ADDRESS	skwood an	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Bessel 5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	Mc Gimi	4. DATE Month OF DEATH AGE (IN years IF LIND	2 5 19 6 C
F . n?	DIVORCED	2-15-18	75 lost birthdoy) Months	
13. FATHER'S NAME THOMAS E 15. WAS DECEASED EVER IN U. S. ARMED FORCES		14. MOTHER'S MAIDEN N	NAME lie narri	Vimerica
(Yes, no, or unknown) (If yes, give war or dates of service) (IB, CAUSE OF DEATH Enter only one cause	(m)	r. J. Calvin	Carney, Jr3 E. L	exington Stree
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	Caremorae	c pearone		
ZA			NAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, farm actory, street, office bldg., etc	, 20f. (City or town)	(County) (State)
21. I certify that I attended the de alive an Actual SIGNATURE Exercise E.	eceased fram Mar. 2, 1960, and that death		My 25 , 196 Sthat I My, fram the causes and an t ADDRESS (Street, city or town, stote) Michigan Arts B	last saw the deceased he date stated above. DATE SIGNED
PHYSICIAN'S Geerge F. She	en non-	Bali	turers 1	arnot.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7/28/60	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or count) Pikesville, Mary	
Un . J. LESSEL	alto -17, M		D BY REGISTRAR 24b. REGISTRAR'S L 27'60 Outling	SIGNATURE

arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Irs after death. Page 4

CERTIFICATE OF DEATH

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								Keg. Dist. P	VO.
a. COUNTY				2. U	SUAL RESIDENCE (WI	here deceased live	d. If institution	an: Residence b	efare admission)
	Baltimore		MARYLAND		Mary	land	b. COUNTY	Prince (George
RURAL and give	(If autside carporate limits nearest town)	s, write	3. LENGTH OF STAY IN 16	c.	CITY OR TOWN (if a	outside corporate Lt, Mary	limits, write RL	URAL and give	nearest town)
d. NAME OF HOSE	PITAL (If not in hospital, gi	ve street oc			STREET ADDRESS	Lug ally.	LOUICE		e. IS RESIDENCE
SPRING	GROVE STAT	TE HO	SPITAL		1/1 Sa	thHils	ide Ros	ıd	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Harı		Middle Byers	Mo	eNeel	4. DATE OF DEATH	Ju		1960 Year
5. SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	B. DAT	TE OF BIRTH	9. A	GE (In years ist birthday)		EAR IF UNDER 24 HRS
male	***************************************	WIDOWED			1	892	57 yrs.	Manths Day	ys Haurs Min.
IOg. USUAL OCCUPAT	TION (Give kind of work dorking life, even if retired)	ane 10b. K	IND OF BUSINESS OR INDI	USTRY	1. BIRTHPLACE (State	ar foreign countr	()	12. CITIZEN	OF WHAT COUNTRY
	rician		Erco Co.		Penna			II. S	Α.
13. FATHER'S NAME	Harana Jan			14.	MOTHER'S MAIDEN				
Sanf	ord Mc Neel				Ora	Byers			
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCE	ES? 16. SO	OCIAL SECURITY NO.	INFORA	AANT		Addr	ess	
unknown	(if yes, give wor or doies of sai		ıknown	Reco	rds. SPR	ING GROU	ता दमा	ייים דור	STOT TO A T
	EATH [Enter only one cou			110.00	and the	LING GIRO		11	NTERVAL BETWEEN
PART I, DI	EATH WAS CAUSED BY:	/	Ynums.	nin	2			0	DNSET AND DEATH
111 10 3	IMMEDIATE CAUSE (o)		Truction.	006	<u></u>				
	DUE TO								
Conditions, if									
cause (a), statin	DIJE TO								
lying cause las	(c).								
PART II. O	THER SIGNIFICANT COND	ortions co	ENTRIBUTING TO DEATH BU	.0 .	RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT V	VAS UNDERLYING [20b. DESCR	RIBE HOW INJURY OCCURR	000 0		Part I or Port II a	f item 18.)		11.5
□ OR CONTRIBUTION □ □ □ □ □ □ □ □ □ □ □ □	IG CAUSE OF DEATH Y MEDICAL EXAMINER)								
3 20c. TIME OF INJU	JRY Manth, Day, Year	r 20d. INJ	URY OCCURRED 20e. P	LACE O	F INJURY (Home, form	n, 20f. (City or to	awn)	(Caun	nty) (State
20c. TIME OF INJU	10	While at wark	Nat while at work	actary, s	treet, affice bldg., etc	:.)			
				2/	(0 F	7/1	10		
21. I certify	that I attended the	decease			, 19 <u>60</u> _, ta	<i>f</i> l			saw the decease
alive on	/	_, 19_6	o, and that deat	h acci	urred at 6:503				ate stated abave
0	1. 4 0	0	,			ADDRESS (Street,	city ar tawn,	state)	DATE SIGNE
SIGNATURE	nthony &	. 1	aro banc	_M.D.	SPRING	CROVE	STATE	HOSPIT	AL
PHYSICIAN'S NAME (Type)	ANTHONY S	S. G	AROFANO		Catons	ville 28,	Mozer	an d	
22a. BURIAL. CREMAT	ION, 22b. DATE THEREOI	F	22c. NAME OF CEMETERY	OR CRE		22d. LOCATION			(State)
REMOVAL (Specif	July 5.		O Geo Washin			1.0		2.5	(Sidie)
23. FUNERAL DIRECTO		130	ADDRESS	agto		D BY REGISTRAR		STRAR'S SIGNA	TUPE
		T						allun & H	
r. Gas	sch's Sons I	iyatt	sville, Md.		DATE J	ar 5	0	riming d. Th	raugh

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VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 7-29-60 et	18
y 10, 10, m	Item 12 FilmG267	7-29-60 et	
7775	CERTIFICATE		

	7775	CERTIFIC	ATE OF DEA		Reg. Dis	1. No. 17751
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE o. STATE Md •		. If institution: Residence b. COUNTY Balt	
b. CITY OR TOWN (RURAL ond give n Ca tons	(If outside corporate limits, w learest town) BV1110	rite c. LENGTH OF STAY IN 1b	120	(If outside corporate lin	mits, write RURAL ond g	ive nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give s Frederick		d. STREET ADDRES	ederick A	ve.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Anna	Middle	Megna	4. DATE OF DEATH	July 17,	1960 Yeor
5. SEX	7.7	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 29.1	lost	birthdoy) Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (S	State or foreign country)		ZEN OF WHAT COUNTRY
13. FATHER'S NAME	Raphael Mon	rgavi	14. MOTHER'S MAID	en name ara		
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	The state of the s	rs. Stephe	n Provenz	Address a 6416 Fr	red. Ave.
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under- (c)	Penelita Post o	Jorativ	e him	~ 6/1948	1/2 yars
20g. ACCIDENT W		DNS CONTRIBUTING TO DEATH BU				1 (o) 19. WAY AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU Hour o. m. p. m.	v	Od. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City or tov	wn) (C	County) (Stote
250	AMES W.	ceased fram 6/5	1958, to the accurred at b. M.D. H19	011	causes and an the city or towns stotel	st saw the decease date stated above DATE SIGNE 1 10 6 8
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL)	7-21-60	22c. NAME OF CEMETERY Cathedra			City, town, or county)	(Stole)
23. FUNERAL DIRECTOR Farley Ft		ADDRESS , Catonsville	24a.	REC'D BY REGISTRAR JUL 2 5 '60	24b. REGISTRAR'S SIG	1.4

CONTRACTOR OF THE PROPERTY OF Trival class to the decision of the control of the And the second . Call the Co. of San To Children in . M. Marie Charles and the State of the Charles of the C ALL BOTTOM TO THE SELECTION OF THE SELEC

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7776 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

							12 10 10 10 10	keg. Dist. I	NO.	
1. PLACE OF DEATH g. COUNTY	Baltimore		MARYLAN	ID O. STATE	DENCE (Where dece	b	. COUNTY	B-1	14	
	Catonsvill	e 28	NGTH OF STAY IN		ite Marsh		nits, write RUI	RAL and give	nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION	Shady N. Rolling 1002 N. Roll	ive street oddress Nursi Lling R	dg Home	d. STREET	ADDRESS				ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fir Mi .	lton	Middle C.	Mer	ryman OF		Month Jul		Day 27	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [н у 14,1884	9. AGI		Months Do		
	N (Give kind of work of ing life, even if retired)		of Business or II Estate		LACE (Stote or foreign	an country)			OF WH	AT COUNTRY
13. FATHER'S NAME	eorge C. 1	(arryma)	2		MAIDEN NAME	(11)	nknown)		
IS. WAS DECEASED EVER		CES? 16. SOCIA	L SECURITY NO.	7. INFORMANT			Addre	15	lvenu	le
	nmediote (Br	meho	o The	Care	in Pur	ma	C	1 Y	DEATH LAND
CAT	ER SIGNIFICANT CON			BUT NOT RELATED TO				N IN PART 1(o	PERI	S AUTOPSY FORMED?
20c. TIME OF INJURY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yea	r 20d. INJURY While h	OCCURRED 20e	PLACE OF INJURY of factory, street, office	Home, farm, 20f. ((Coun	(y)	(Stote)
	at lattended the	-		ath accurred at			,	d on the	date sta	e deceased ated abave DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	7-30-60		NAME OF CEMETER			cation (c	ity, town, or	county)	(St	tote)
23. FUNERAL DIRECTOR'S Wm. Cook, In	SIGNATURE	-	ADDRESS	emorrat	24g. REC'D BY REC DATE JUL 2	GISTRAR	24b. REGIST	RAR'S SIGNA	_	

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	pontdiell	Selmonos I		Odwoęki.	Parameter .
	Tasi settepas ri a last ant		ment Lead	1212 (10)	all delays

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7777

CERTIFICATE OF DEATH

07753 Reg. Dist. No.

a. COUNTY Baltimon	e:	MARYL		usual residence (Was STATE Md.	/here deceased live	d. If institution b. COUNTY		lto.	issian)
b. CITY OR TOWN (If autside car RURAL and give negrestrawn) Owings Mills	parate limits, write	10 Years	N Ib	CITY OR TOWN (IF Owings		limits, write RU	IRAL and giv	e nearest ta	wn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION Garrison	haspital, give stree	address)	1	d. STREET ADDRESS Garrison	Forest B	Road		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) JOSE	First eph	Middle Emory		Lost Michael	4. DATE OF DEATH	July		1960	Year 19
5. SEX Male 6. COLOR Whi		RRIED A NEVER MARRIEI	-	ov.11, 187	le le	GE (In years part birthday) 2 yrs.		YEAR IF UN	DER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kin during most of warking life, even Farmer	d af wark dane 10b n if retired)	. KIND OF BUSINESS OR		Mary	land	y)	12. CITIZE	USA	T COUNTRY?
13. FATHER'S NAME George H, Mich	nael		1.	Mary	C. Leonal	rd			
	RMED FORCES? 16 or dates of service)	. SOCIAL SECURITY NO. None		Ella W. M.	ichael	Addre	gs Mil	lls, M	d.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFIC PORTAL C1	DUE TO (b) DUE TO (c) CANT CONDITIONS THOSIS.	rterioscle CONTRIBUTING TO DEA Hernia	<u>.TH B</u> UT NO:	RELATED TO THE TERM	MINAL DISEASE CO		EN IN PART I	PER	
20a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX) 20c. TIME OF INJURY Manth, Hour a.m. p. m. NONE	Day, Year 20d.		20e. PLACE factory	of INJURY (Hame, far street, affice bldg., et	m, 20f. (City ar t	own)	(Co	unty)	(State)
	60 , 19 Caple	es, M. D.	M.D.	6 Hand	ADDRESS (Street, over Rd.	causes and city or town, s	state)	date stat D 7-	ed abave ATE SIGNED 21_60
Burial Ju	TE THEREOF		_	emetery		ville		Md.	tate)
J. F. Eline & Sc		address sterstown, M	ld.	DATE 1	JUL 25 '60		TRAR'S SIGN		

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VS A15 (4) 15M 9/5B

	768	3	CERTIFICA	ATE OF D	EATH			Reg. Dist.	4.77:	54
1. PLACE OF DEATH a. COUNTY Ba	altimore		MARYLAND	2. USUAL RESIL 0. STATE	DENCE (When	e deceased live	d. If institution b. COUNTY	on: Residence	befare adm	issian)
b. CITY OR TOWN (If RURAL ond give ne Arbutus	eorest town)	its, write	c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If out	side corporate l	imits, write R	URAL ond give	e nearest to	wn)
ACITITIZIAL DO	elores Ave		oddress)	d. STREET A	DDRESS				ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MARG.	ARET I	Middle M. MILLER	las		4. DATE OF DEATH	7/28/78	<i>d</i>	Day	Yeor
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED DIVORCED	8. DATE OF BIRTH 9/17/9		9. A	GE (In years strongthday) yrs.	IF UNDER 1 Y		
10o. USUAL OCCUPATIO during most of work None	DN (Give kind af wark ing life, even if retired	dane 10b. i	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or	foreign country	()	12. CITIZEN	N OF WHA	TCOUNTRY
13. FATHER'S NAME 15. WAS DECEASED EVER Yes, no, or unknown)	Unknown R IN U. S. ARMED FOR	RCES? 16. Service)	SOCIAL SECURITY NO.	14. MOTHER'S		cnown	Addi	ess		
Conditions, if or gove rise to in cause (a), stating t	mmediote	2	lcute come terrosclerate	estrie Hyp	pea	it for	lue CVI	>	INTERVAL ONSET AN	BETWEEN NO DEATH
CAT			ONTRIBUTING TO DEATH BU	NOT RELATED TO	THETERMIN	AL DISEASE CO	NDITION GIV	EN IN PART 1(a) 19. WA PERI YES [S AUTOPSY FORMED?
O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of	f injury in Po	rt I or Port II of	item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. IN While of work	Nat while fa	ACE OF INJURY (I ctary, street, office	Hame, farm, bldg., etc.)	20f. (City or to	own)	(Cou	nty)	(Stote
21. I certify the alive an	at attended the	decease , 196	160	M.D. 530 S Ball	14 Jan No. A. Huma	A, from the DORESS (Street,	causes an city or town, Drive	1,	late state	
REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	8/I/60		Cathedral		24a PECID	Balt BY REGISTRAR	imore	STRAR'S SIGNA		-
	I30 E. For	t Aver			DATE AUG	100		Thun S. A	_	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOS

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

)	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Manyland b. COUNTY Baltunare
	b. CITY OR TOWN (If outside corperote limits, write RURAL and give nearest town)	c. CITY OR TOWN (outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM? 815 Kingston Road YES NO
	3. NAME OF DECEASED (Type or print) MARGARET A Middle	AITCHELL DEATH July 5 1960
	Female White WIDOWED B DIVORCED	8. DATE OF BIRTH May 20 1870 9. Ge (In yet s of the life with the life
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Upper Fairmount, Ind. 715a
/	13. FATHER'S NAME Joseph Sudles	margaret Waters
	(Yes, no, or unknown) (If yes, give war or dates of service) 220 7/1	us J. Larkin Gorsuck. Same
	1B. CAUSE OF DEATH [Enter only one cause per line or (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hailure INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	erosis
5	lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED fa work p. m. 19 work at work	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	death accurred 3.10 M, from the carges and an the date stated abave.
		M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIVE.
	22 PHYSICIAN'S NAME (Type) LAURENCE CITOST	- 6805 York Kd. Baltimon 12-Mo
	230. BURIAL, CREMATION, REMOVAL (Specify July 8, 1960 Cresbyteria	n Cemetry Pocomoke City mid
8	Henry W. Yenkens + Sons Co. 4905 Ye	The Road DATE JUL 8 '60 256. REGISTRAR'S GIGNATURE arthur S. Kinus
	1 6/	

San Land Carlot Street Carlot Les secret de la contra present de la la la conserva de la conserva de la conser MAREARET A MOCHELLINE EN Part of 12 for the second second second second second The state of the s description destroy of Dunger Little

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Bear of the San Carlos Louis and Carlos Services

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA		o. STATE Max	(Where decease ryland	b. COU		Mary	1
b. CITY OR TOWN RURAL ond give Catons		ts, write	c. LENGTH OF STAY IN 2mthl6dvs	ПЬ .	c. CITY OR TOWN			ite RURAL and	give near	est town)
d. NAME OF HOSP	tTAL (If not in hospitot, o	ive street			d. STREET ADDRESS	-		1000	е е	IS RESIDENCE
OR INSTITUTION	GROVE STA	TE. I	HOSPITAL		no	ne		18X	-2	ON A FARM?
3. NAME OF	Fir		Middle		Lost	4. DATE		Month	Day	Yeor
(Type or print) Wi					Morgan	OF DEATH		uly	11	19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In ye	ears IF UNDE Months	R 1 YEAR	Hours Min.
male	white	WIDOW			June 21,	1895		yrs.	50/5	71111
during most of wo	rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	3.5		country)	12. CI		WHAT COUNTRY?
13. FATHER'S NAME				1,	Marylar				U.	S. A.
	ph Morgan					nette Bu				
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.	17. INFO				Address		
Unknown		2	20-32-5977	Reco	ords: SPH	RING GF	ROVE S	TATE H	HOSPI	FAL
	ATH [Enter only one co	use per li	ne for (o), (b), ond (c).]						INTER	RVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Cer	ebral vascu	lar a	ccident				01132	TI AND DEATH
439	DUE TO							Color I		
Conditions, if	ony, which) (b	Art	erios clerot	ic ca	rdiovascu	lar dis	ease			
gove rise to	immediate (02 1.02 0.102 0							
couse (o), stoting		1								
PART II. O	-	/	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TE	RMINAL DISEAS	SE CONDITION	GIVEN IN PA	RT 1(o) 19	, WAS AUTOPSY PERFORMED? YES NO K
T (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury	in Port I or Po	rt II of item 18.)		
20c. TIME OF INJU	10	ar 20d. I While of wor	Not while	De. PLACE foctory	OF INJURY (Home, I , street, office bldg.,	form, 20f. (Cit etc.)	y or town)		(County)	(Stote)
21 Leoutific th	at /IV /this hasnita	l) attana	ded the deceosed fr		Inly 5	10 60 40	July	77 10	60th	ot (I) (we) lost
			11 19 60 and the							1 1 1 1
220. StGNATURE	sed office on	2 14-47	LI 17 QUI and II	nar dea	n occurred or	D Tram	the causes	ond on fr	ne date	22b DATE
220. SIGIVATORE	Kella h	be	helis	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7	-11-6	SIGNED
22c. PHYSICIAN'S NAME (Type)	Stella	Wach	sler, M. D.			SPRING Catons	GROVE		HOSP.	
23a. BURIAL, CREMATI	ON, 23b. DATE THEREC)F	23c. NAME OF CEMET	ERY OR CI		23d. LOCA	TION (City, to	wn, or county)	T GENCE	(Stote)
BUSIAN (Specif	1/14/	60	Sacred He	art			shwood,		M	arylandd
24. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS / 4	-) / 2So. R	PEC'D BY REGIS	TRAR 2Sh F	REGISTRAR'S S		E
M. Clark	Malinge	40	flonard le	YUN	LI MOL DATE	UL 13'6	0	Irthun S.	Kraus	
	1	114			/ -					

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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arthur S. Kraus

									1 1 2	- 44
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN	0 9	Maryl		lived. If institution b. COUNTY		timor	
RURAL ond give r	(If outside corporate limit nearest town) 1timore	s, write	c. LENGTH OF STAY IN 1	b c. (Balti		ate limits, write R	URAL ond g	ive nearest to	wn)
	TAL (If not in haspital, g			d.	STREET ADDRESS	Loods	Aronia		ON	A FARM?
	5103 Leed		venue		1		Avenu		1 165 [
3. NAME OF DECEASED (Type or print)	Mar		Middle	Muell	er	4. DATE OF DEATH	July	22§	Doy 22,	19 60
S. SEX			RIED NEVER MARRIED	7-75	of BIRTH b. 15, 1	891	lost birthdoy)		1 YEAR IF UN Doys Hour	
f'emale	white	WIDOW					- '	IN CITIE	ZEN OF WHAT	COLINITRY
during most of wor	rking life, even if retired)	lone 10b.	, KIND OF BUSINESS OR IN	IDUSTRY 11	Austri		untry)	12, CITI2	U. S.	
13. FATHER'S NAME				14. N	OTHER'S MAIDEN N	AME				
Geo	rge Keller				Francis	ca Fr	ritch			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFORMA	NT		Add	ress		
no	(if yes, give wor or soles or se		219-30-38931	B Hen	ry Muell	er 5	5103 Le	eds A	Avenue	#27
Canditions, if a gove rise ta couse (o), stoting	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO Dany, which immediate the under-	(1)	ine for (a), (b), and (c).] Josephan	y o leso	Deelux tie H	cast	Die	are_	INTERVAL ONSET AN	
20g. ACCIDENT W	AS UNDERLYING D	OITIONS	CONTRIBUTING TO DEATH					/EN IN PART	PERI	S AUTOPSY FORMED?
VITE ETHER, NOTIFY 20c. TIME OF INJU Haur a. m. p. m.	Y MEDICAL EXAMINER) RY Month, Day, Yes	While			INJURY (Hame, farm, eet, affice bldg., etc.		or tawn)	(C	County)	(State
21. I certify the saw the deced 22a. SIGNATURE	ot (I) (this hospital	atten 42	ded the deceased fro	m asse	occurred of A	M, from				
22c. PHYSICIAN'S NAME (Type	A. Bradi		eghasthy, Mugharthy, M	M.D. PI	d. ADDRESS	RECTOR .	s Avenu	ae	7-22	SIGNE
230. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREO	F	23c. NAME OF CEMETER Meadowrid	Y OR CREM	ATORY	23d. LOCAT	ION (City, town, ridge,	or county)		ote)
24, FUNERAL DIRECTOR		1: 7	ADDRESS	A 150	25a. REC'D	BY REGISTI	'60 2Sb, REGI	STRAR'S SIG	P #	
L HOTTONO L	Hilhhand	11	U/ WILKANS	AVP.	DATE	APT -	00 (Land march	T 95	

DATE

4107 Wilkens Ave.

H. Hubbard

Howard

TO HOS VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7781 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

						Keg. Dist. 140	•
1. PLACE OF DEATH a. COUNTY B	Bltimore	MARYLAND	2. USUAL RESIDENCE (WI		. If institutio b. COUNTY	n: Residence bef Balt	
RURAL ond give ne	foutside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Arbutus		mits, write RL	IRAL ond give ne	earest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, give street orest Haven	oddress) N.H.	d. STREET ADDRESS 4202 Maryla	and Plac	е	25	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Margaret	Middle	Muller	4. DATE OF DEATH	Ju.		Year 160
5. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH Oct. 25, 1887	los	EE (In yeors t birthdoy) yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
during most of work	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	Md.			12. CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME	Fredericl S	trobel	14. MOTHER'S MAIDEN I	_{NAME} a Wenger	ot.		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16. If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT Mrs. Alfred		Addr		aace
Conditions, if an gave rise to in couse (o), stating t lying couse lost.	mmediate (RIGIRIUS	CLEKATIL	C 0/-	<i>p</i> ,		
lying couse lost.	12.00	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 20d. I While	L.	ED. (Enter noture of injury in LACE OF INJURY (Home, forn botory, street, office bldg., etc.	m, 20f. (City or to		(County	YES NO (Stote)
	at Lattended the decease Total	k ot work	/, 19 (1/2 , ta	, /	causes and	d an the dat	the deceased the stated abave.
PHYSICIAN'S NAME (Type)	JOHN de	Sanw mo	BAL	1 28	- MAG	, /	
Burial (Specify)	7-19-60	1	erk. Cem.	Woodla		r county) Md	(Stote)
23. FUNERAL DIRECTOR	SSIGNATURE	atonsville.		D BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	URE

AMAZIN TO STATISTICS DEARING ALL SERVICES CALL TO A PARTY OF THE PARTY OF Company of the State of the Company of the second s AND THE RESERVE OF THE PROPERTY OF THE PARTY -an interest the rest of the control of

VS A15 (4) 15M 10/57

s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7782 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

07759 Reg. Dist. No.

1. PLACE OF DEATH COUNTY BAH MORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Opryland b. COUNTY Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The property of the corporate limits, write C. LENGTH OF STAY IN 1b I mouth	c. CITY OR TOWN (If Susside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ATMACOST NUTSING HOME	d. STREET ADDRESS 545 Cressy Road e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Virginia Reid Munn	IKhuysen July 3 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 13. FATHER'S NAME	STRY 11. BIRTHPIACE (State or foreign country) North Carol's way 14. MOTHER'S MAIDEN NAME
William C. Reid	Cornelia Thuratt
(Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT 545 OFESSY ROAD 55 Virginia Muhujkhuysen Bel Air, Mdr
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) C.V.A. left. DUE TO Hypertensive 8	wer right. Noterval Between onset and Death 6/27/60 4/15/60 Arterio-sclerotic cardio-vascular disease.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature af injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 4/15/60 alive an 7/1/60, 19, and that death SIGNATURE Advisor B. Jappett, M.D.	accurred at 12:50PM, from the causes and an the date stated abave ADDRESS (Street, city or town, state) DATE SIGNED M.D. 11 East Chase St., Baltimore-2, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) July 5,1960 Rock Spring Co	(alore)
23. FUNERAL DIRECTOR'S SIGNATURE W. Brandway Williams	

BI SHOMITLAB	SHILASH TO THEMTS	IND STATE DEPAR		
	HEATE OF DEATH	HER CERTIF		
		Advisor in		
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MARYLAND STATE DEPARTMENT OF HEALTH POR BUYISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

			tom bilim	6101	1-211-011-6	7.6				
1. PLACE OF DEA	ATH			2.	USUAL RESIDENCE (V	Where deceased	lived. If instituti		ce befare odmis	isian)
0. 0001111	Baltimore		MARYLA	AND /	11111111	enna.	b. COUNTY		aster	V
b. CITY OR TO	WN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (I		ote limits, write R			(n)
RURAL ond	give neorest town)				4111111 2				76	~ 2
	Towson				7911000	each Bo	TTOM			7-7
d. NAME OF H	HOSPITAL (If nat in haspital, g	give street o	address)		d. STREET ADDRESS	c/o C.	E. Wil	ev	e. IS RE	SIDENCE A FARM?
OK II (STI)	Presbyterian	Home			Présbytena			-0		NO
3. NAME OF	Fir		Middle		11111111111	A DATE	Mor	ala	Day	Yeor
DECEASED					Lasi	OF	_		/	
(Type or print)			y Murphy			DEATH		aly 12		19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. C	DATE OF BIRTH		9. AGE (In years last birthday)		1 YEAR IF UND	
Forma 1	White	WIDOWE	DIVORCED				81 yrs.	Months	Doys Haurs	Min.
Female	UPATION (Give kind of work		46-		11 DIDTURIACE (CAD	to as faraign co		12 CITI	IZEN OF WHAT	COLINITRY
during most	of working life, even if retired)	KIND OF BUSINESS OK	IIADOSTKI	II. BIKITIFLACE (SIO	ne or rureign co	ominy)	12. 011	IZENOI WITAT	CODIVIKI
Non	10				Marylan	nd				
3. FATHER'S NAM				1	4. MOTHER'S MAIDEN					
T	D W. 1				474 a. F	W-11-				
	es Rankin Wil			17. INFO		B. Wells	Add			
(Yes, no, or unknown)	ED EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	I/, INFO	KMANI		Add	ress		
				Pres	byterian E	Iome. To	wson. M	rvlar	nd	
IR CAUSE C	OF DEATH Enter only one co	use per lin	e for (a) (b) and (c)]					-	INTERVAL B	ETWEEN
	I. DEATH WAS CAUSED BY:								ONSET AN	D DEATH
TONI	IMMEDIATE CAUSE (o)	Cerebral th	rombo	sis - recu	irrant			4 WK	5
3:	DUE TO									
Candition	s, if any, which)		Cerebral ar	terio	sclerosis				3 yea	ars
	to immediate									
	tating the under- DUE TO)	Generalized		and a mal ama a					
lying couse	, 10	·/							year	
Z PART	II. OTHER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 19. WAS	AUTOPSY ORMED?
PART										NO T
	NIT WAS UNIOSON TO THE	DOL DECC	COLOR MONTH MANAGE	CHROCO (Catalogue of Intono	- Post I on Post	II of item IR \			1 11 2
OR CONTRIB	NT WAS UNDERLYING DEATH	200. DESC	CRIBE HOW INJURY OC	CUKKED. (chier noture of injury	in roll of roll	ii oi iiem ib.;			
(IF EITHER, N	IOTIFY MEDICAL EXAMINER)									
\$ 20c. TIME OF	INJURY Manth, Doy, Ye	ar 20d. It	NJURY OCCURRED 2		OF INJURY (Home, fo		or town)	(County)	(Stote
Hour Hour	10	While	Nat while	factor	y, street, office bldg., i	etc.)				
×	p. m,	ot warl	k ot work							
21. J certif	y that (I) (the cooper	l) attend	led the deceased f	ram 6	Jan. 1	1958. to	July 12	. 19 6	60. that (1)	(weblas
	eceased alive an J									
		ary o	and t	nat dea	th accurred at6:	ZWI, aumm	rne causes ar	na an The		
22a. SIGNAT	URE MA	1-	1 ,		ATTENDING _	MED	CTAFE		2	2b. DATE SIGNED
	Olleva	CC 1	i M. D.	M.D	PHYS.	MED. DIRECTOR	STAFF PHYS.		Jult 13.	
22c. PHYSICI		N. Carlot	A STREET, ST.		22d. ADDRESS					
NAME (1	S.J. Venab.	le,Jr	• M.D.		7215 Yo	rk Road	, "altir	nore]	12, Mary	rland
230 BUBIAL CRE	MATION, 23b. DATE THEREC) E	23c. NAME OF CEMET	EDV OD C			ION (City, town,			
REMOVAL (S		,					- tchy, town,	or county)	(510	ote)
Buria	7-14-60		West Notti	nghai	Peesbyter	rian	Rising :	Sun.	Maryland	d
24. FUNERAL DIRI	ECTOR'S SIGNATURE		ADDRESS	0		C'D BY REGIST	RAR 25b. REG	ISTRAR'S SI	GNATURE	
John O	Mitchell & So	ne. I	na. 1900 E	tow	Place DATE				1.0	
AOUTH O.	-1 conett ~ 00	1703 -	77.48 TOOO DO		DAIL	11 1 4 '60	C	lug g	Times	

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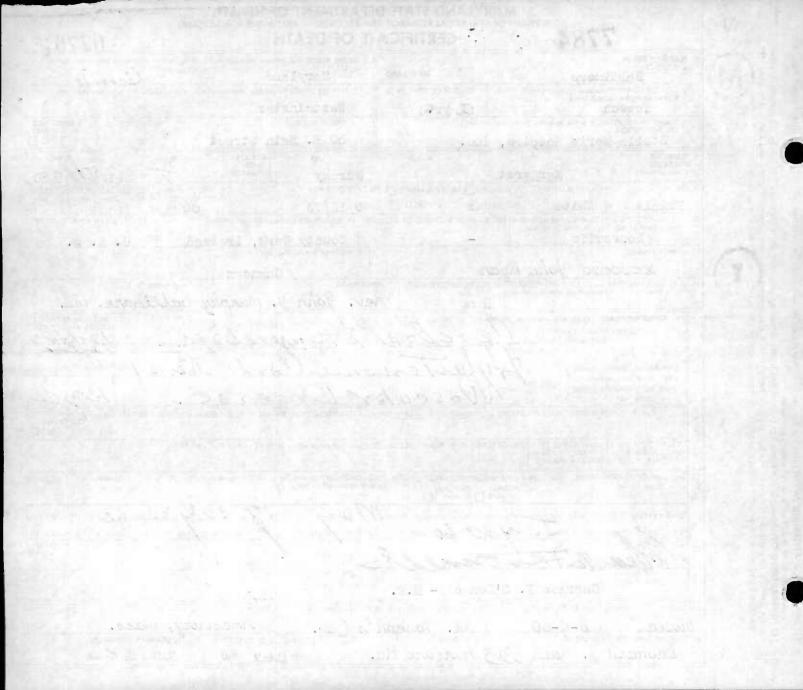
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7784		CERTIFIC	ATE OF DEAT	H		07761
1. PLACE OF DEATH O. COUNTY Baltimore		MARYLAN	o STATE	(Where deceased lived. and b.	If institution: Residence COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate	limits, write	c. LENGTH OF STAY IN	b c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and g	give nearest town)
RURAL and give nearest town) TOWSON	The state of	2 yrs.	Westmin	ster	015	3-7
d. NAME OF HOSPITAL (If not in hospite	ol, give street oc		d. STREET ADDRES	5	Und	e. IS RESIDENCE
Stella Maris Hos	mice. I	nc.	50 E. M	ain Street		YES NO
3. NAME OF DECEASED	First garet	Middle	lost Murphy	4. DATE OF DEATH	Month	30th 1960
		D NEVER MARRIED		9. AGE		TYEAR IF UNDER 24 HRS
Female White	WIDOWED		- 1 1		Months yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of w. during most of working life, even if ref Housewife	ork done 10b. K ired)	IND OF BUSINESS OR II	County	Cork, Irelan	180-3178	ZEN OF WHAT COUNTRY
13. FATHER'S NAME STATEMENTS John	in Ryan	2	14. MOTHER'S MAID	Unknown		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no. or unknown) (If yes, give wor or date)	of service)	ocial security no.	Rev. John	J. Murphy	Baltimo	re, Md.
Conditions, if ony, which	(b) (c)	perter Vasco	sine (Dardion sease	Rana /	1071:
PART II. OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE COND	ITION GIVEN IN PAR	T 1(0) 19. AS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA	TH	RIBE HOW INJURY OCCU	JRRED. (Enter noture of injury	y in Port I or Port II of ite	em 18.)	
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. IN. While of work	Not while	e. PLACE OF INJURY (Home, foctory, street, office bldg.		n) (C	County) (State
21. I certify that (1) (this hosp	ital) aftende	d the deceased fro	mM/ dy	19 8 to JU	430196	anhot (1) (we) los
sow the deceased alive on	UW3	C19-60, and th	at death occurred ot_	M, from the co	uses and on the	dote stoted above
220. SHONATURE	020	nnel	ATTENDING PHYS.	MED. STAF		22b. DATE SIGNEI
NAME (Type) Charles	F. O'D	onnell- M.D	22d. ADDRESS			
230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	REOF	23c. NAME OF CEMETE	nh 1 Cem	23d. LOCATION (C)	ity, town, or county) wry, Mas	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	2So.	REC'D BY REGISTRAR	256. REGISTRAR'S SIG	GNATURE
Leonard J. Ruc	k 5305	Hartord	Rd. DATE	AUG 2 '60	arilan 8.	Kraus



VS A15 (4)

1SM 9/58

	1 12			MARY	LAND STA	ATE DEPARTA	MENT OF HEALT	H-BALTIA	18 AORE, 18		1) Park o
J	- P			778	5	CERTIFIC	ATE OF DEAT	Н	Re	g. Dist. No.	17762
Poge	director, iled with		PLACE OF DEATH				2. USUAL RESIDENCE (V	/here deceased live		Residence befor	e admission)
a.	# M			Itimore		MARYLAND	Md.		b. COUNTY B	altimo	ore
death	000		b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	its, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	imits, write RURA	L ond give nea	rest Iown)
r de	Pla Pla	I		esville		- /	Rikesvill	e 8. Md			
s ofte	by the		d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital,	give street oddres	sie Hekeling	d. STREET ADDRESS	on Ave.]		ON A FARM? YES NO
	- B - B - B - B - B - B - B - B - B - B		NAME OF DECEASED	Fir	rsl	Middle	Last	4. DATE OF	Month	Day	y Year
n 24	fille ges 1		(Type or print)	lifton	Su	lyester	Myers	DEATH J	uly	9,	1960
ithi	Pog .	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. A			IF UNDER 24 HRS.
P	plet rrs.		lale	Thite	WIDOWED [DIVORCED [May 14. 18	91	69 yrs.	onths Doys	Hours Min.
cute	pape ath.	100	. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stor	e or foreign countr	y)	12. CITIZEN OF	WHAT COUNTRY?
exe	P - 0 -		Retired		,	io.City	Owings	Mills.	Md.	U.S.	Λ.
pe	on or corbo	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
cote	sicio ars o	1_		ers			Julia B	utler			
rtifi	phy hou			R IN U. S. ARMED FOR If yes, give war or dates of s		AL SECURITY NO.	INFORMANT		_	ville	8, Md.
h ce	ing 72		No	None	215-	-30-5497	Mrs. Rose M	yers,61	8 Ralst	on Ave	9.
eat	lend sleo: ithir			TH [Enter only one co	ouse per line for	0 0	1				RVAL BETWEEN
he	en p		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, lun	ture of a	orthe Unew	upm			kours.
t to	Th Th		451	DUE TO	0						
sth	ait.		Conditions, if of		, att	wooder	sis.				
uire	in or		gove rise to in couse (o), stoting t								
red	n si nsit ond	_	lying couse lost.) (c)						
he low	nos bee iol-troi	CATION	PART II. OTH	er significant con	DITIONS CONTR	BUTING TO DEATH BL	IT NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN I	N PART 1(o) 15	PERFORMED? YES NO
T	De le	RTIF	20a. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE	HOW INJURY OCCURE	ED. (Enter noture of injury in	Port I or Port II o	fitem 1B.)		

Md. BETWEEN ND DEATH NS. S AUTOPSY FORMED? ON [(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) o. m. Not while ot work ot work p. m. 21. I certify that lattended the deceased fram, 19___,that I last saw the deceased that death accurred at 10 alive an fram the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Linganore Cemeter 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS-24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DAUUL 1 3 '60 Orthur & King

220. BURIAL, CREMATION, 22b. DATE THEREOF

VS A1S (4) 1SM 9/58

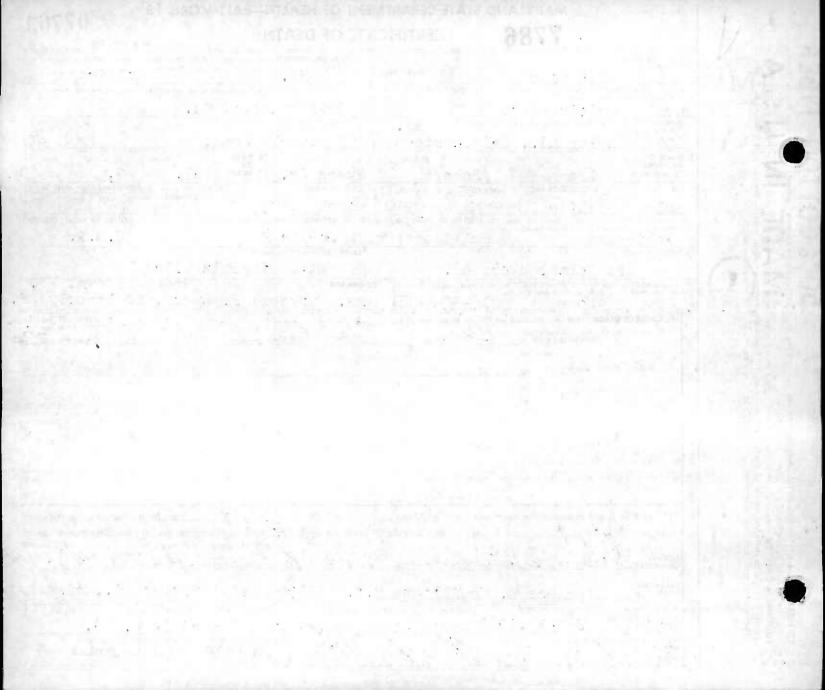
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	n by	nd 2	4
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	y fille	ages	
	etel	م ا	
	this certificate has been signed by the attending physician and campletely filled in by the funeral dir.	ar use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed	ath.
	pur	an	de.
	an	carb	Offer
	physici	DONG	crematian, ar remaval, and in any event within 72 haurs after death.
	ng I	e re	72
	ittendi	pleas	within
	the c	Then	event
	l by	<u>-</u>	ny
	gnec	Dern	in a
dn.	- Sig	sit	pu
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ā	erti	OS	tian
ital ar attending physician.	his o	USe	DEM
5	-	ö	SFE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7786

CERTIFICATE OF DEATH

07763 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	altimore		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md .	nere deceosed	lived. If instituti b. COUNTY		timor	
	If outside corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpora	ote limits, write F	RURAL and g	give nearest t	own)
	eistersto	vn	THE PROPERTY	Reisters	town,	Md.			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street o	Più e	d. STREET ADDRESS		2		10	RESIDENCE N A FARM?
600 Beve	rley Rd.,	Rei	sterstown	600 Beverl	y Roa	a,		YES	□ NO.
B. NAME OF DECEASED (Type or print)	Ira		Middle Robert	Myers Jr.	4. DATE OF DEATH	July	nth 9	Day	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	5	O. AGE (In years lost birthdoy)		1 YEAR IF U	
Male	White	WIDOWE	D DIVORCED	March 1.19	33	27 yrs.	Months	Days Hou	irs Min.
0o. USUAL OCCUPATION during most of wor Policem	king life, even if retired)		kind of Bysingsion Hobb altimore Co	. Marylan	d	untry)		ZEN OF WHA	
I3. FATHER'S NAME				14. MOTHER'S MAIDEN I		40 1.747			
	Robert M				irgin	ia Wil		1. 0	MA
(Yes, no, or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or dates of set	ES? 16. S		INFORMANT	4 10775			town,	
No	None		6-30-8655	Mrs. Margar	et F.	Myers	,600	Bever	Ty Ro
Conditions, if a gove rise to couse (o), stating lying couse lost.	immediate (8						
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 19. W. PE YES	RFORMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port 1 or Port	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yea	20d. IN While of work	Not while fo	ACE OF INJURY (Home, farm actory, street, office bldg., etc.		or town)	((County)	(Stote
21. I certify to alive an	not I attended the gly g	decease , 19 (/ //	M.D. 490 + Karo	ADDRESS (Strate	he causes are	nd on the	date sta	pate signe
NAME (Type)	Clarence	E. N	McWilliams N	1.D. 1190 ¹		tersto		1.,Ré	
REMOVAL (Specify	July13,	1960	Druid Rids	crematory ce Cemepery		esvill	e 8	Md.	Stote)
3. FUNERAL DIRECTOR	P'S SIGNATURE	1	Mess ben	24g. REC	JUL 1 8	24b. REG	Orthur,	S. Kraus	



director, iled, with

death

within 72 hours

in ony event

or remayal, and

the registror prior to burial, cremation.

MARYLANI		ATE OF DEATH Reg. Dist. No.
altimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
outside corporote limits, write rest town) alk	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
l (If not in hospital, give stree 825 Walnut	Ave • # 22	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
First LEONARD	Middle JOSEPH	NARDONE 4. DATE Month Doy Yeor DEATH July 23, 1960.
6. COLOR OR RACE 7. MA	THE PERSON NAMED IN THE PE	8. DATE OF BIRTH Feb. 23, 1877 9. AGE (In years lost birthdoy) 83 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
ig life, even if retired)	b. KIND OF BUSINESS OR INDUS	
ohn Nardor		Grace Bishi
IN U. S. ARMED FORCES? 1. yes, give wor or dates of service)		Antoinette A. Nardone Same.
H [Enter only one cause per H WAS CAUSED BY: MMEDIATE CAUSE (o)	line for (o), (b), and (c).] * NCLYLOUNG	a of Escaphages Interval Between ONSET-AND DEATH
DUE TO		

DART I OFATULINIAS CAUS	y one cause per line for (o), (b), and (c).] * ED BY: AUSE (a) Carcularia	of Exaphagus	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if only, which	DUE TO (b) DUE TO		
	(c)	FRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPS PERFORMED? YES NO

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20c. TIME OF INJURY Month, Day, Year

Hour o. m.

p. m.

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stole)

athat I last saw the deceased 21. I certify that 1 attended the deceased fram 25 P. M. fram the causes and on the date stated above. and that death occurred at 2 ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL

1, PLACE OF DEATH
o. COUNTY

3. NAME OF DECEASED

5. SEX

(Type or print)

13, FATHER'S NAME

10a. USUAL OCCUPATION

15. WAS DECEASED EVER NA

during most of working

b. CITY OR TOWN (If RURAL and give nea

d. NAME OF HOSPITA OR INSTITUTION

ale

Retin

PHYSICIAN'S

NAME (Type)						
220. BURIAL, CREMATION REMOVAL (Specify)						

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery 22d. LOCATION (City, town, or county) German Hill

(Stote) Rd. , Md.

23. FUNERAL DIRECTOR

901 S. CONKLING ST.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krous

VS A15 (4) 15M 10/57

	Part of The Control of the Control		
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	The state of the s	Manager 1	
			Share meet
* 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			
a sality for a 1 as two speaks we.			ena. El troma el trada de la compositación de
a saling toria of the two speeds we.			ena. El troma el trada de la compositación de
a selling Data of Late (see dynamics was			in a superior of the second se

MMOM

CERTIFICATE OF DEATH

07765

	1101	G						
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylar	b. C	institution: Residence	ce before admission)		
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 1b		outside corporate limits,	write RURAL ond g	ive nearest town)		
OR INSTITUTION	TAL (If not in haspital, give street Nalscent Home	address)	d. STREET ADDRESS Greb Road			e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	WILLIAM FR	Middle EDERICK NEALE	SR.	4. DATE OF DEATH	July 10.	Day Year 1960 19		
s. sex	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 10, 1883	9. AGE (I last but		1 YEAR IF UNDER 24 HR Days Hours Min.		
10a. USUAL OCCUPATI during mast af war Salesman-re	ON (Give kind of work done liking life, even if retired)	KIND OF BUSINESS OR INDU	Conn.	or foreign country)	12. CITI2	USA USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
	am F. Neale			beth Hedge				
Yes, no. or unknown)	If yes, give wor or dates of service)		nformant 1. F. Neale, J	r. Pottspr	Address ing Rd.,	Timonium, M		
Conditions, if a gave rise a couse (o), stoting lying cause lost.	immediate (Dus TO	Axterio so	lexotic t	teart 1)i scax			
200. ACCIDENT W	HER SIGNIFICANT CONDITIONS OF AS UNDERLYING 206. DES	CONTRIBUTING TO DEATH BUT	Vascular	accio	lent.	1 1(o) 19. WAS AUTOPS PERFORMED? YES NO		
(IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Year 20d. II 19 at wor	Not while fo	ACE OF INJURY (Home, fornactory, street, office bldg., etc.		(C	County) (Stat		
21. I certify the	21. I certify that (I) (this haspital) attended the deceased fram. 1950, ta 7110, 1960, that (I) (we) I saw the deceased alive an 7111, 1950, and that death accurred at P. M., fram the causes and an the date stated abo							
22a. SIGNATURE 22c. PHYSICIAN'S	-ul St	in m.a	M.D. PHYS. D	STAFF PHYS.	4 8	22b. DATE SIGNE		
NAME (Type)	SANUEL	STERN	1010	E. Belve	dur A	\ \ .		
23a. BURIAL, CREMATION BURIAL Specify	July 13,1960	23c. NAME OF CEMETERY O		23d. LOCATION (City Parkvill	e, Maryla:	(Stote)		
John Burn	r's signature ns! Sons, Towson	ADDRESS Maryland	25a. REC	D NEEds 1848 0 25	b. REGISTRAR'S SIC	SNATUATIONA		

DATE

TO HOS VR A15 (4) 1SM 9/59

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	lionari a		Joseph John John John John John John John Joh		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ERTIFICATE OF DEATH

Reg. Dist. No.

Raltimone

4			7	788		CERT	FIC
director, with	1. [PLACE OF DEATH	Balti	more		MAR	YLAND
IVI	l l	o. CITY OR TOWN (IF RURAL ond give new	great town)	town	write c. LE	NGTH OF STAY	IN 1b
by the d 2 show		d. NAME OF HOSPITA OR INSTITUTION	(If not in he Chap	el H	.11	n. Hon	ne
filled in b	1	NAME OF DECEASED (Type or print)	rs.	First	garet	Anna	
Po	5. 5	F	6. COLOR O	. v	VIDOWED		D 🔲
and cample bon papers. or death.	10a	during most of work	ing life even	of work do if retired)	ne 10b. KIND (OF BUSINESS ()R IND
E 8 80	13.	father's NAME Charle	s Lai	bel			
ng physi e remoy 72 ho r		WAS DECEASED EVER	IN U. S. ARA f yes, give war o			L SECURITY NO).
attending n pleose r t within 72		18. CAUSE OF DEAT	TH (Enter online) TH WAS CAUS IMMEDIATE O	SED BY:	e per line for (o), (b), and (c)	·]
d by the a		Conditions, if on	2-01	DUE TO	Neka	Tue fa	ilu
per		gove rise to in couse (o), stoting t lying couse lost.		DUE TO	A5C	VD.	
e has been an	CATION	~	*			BUTING TO DE	_
attending the strift of the strift of the strift of the strift of the strip on, ar remove	CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF	DEATH	Ob. DESCRIBE H	IOW INJURY O	CCURR
or Use nati	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, [Poy, Year		OCCURRED lot while t work	20e. P
he hospital R: After thi oched for the burial, cren		21. I certify the	at I attend		leceased fro	om Jun _, and that	deot

Leonard J. Ruck 5305 Harford Road.

		The second second						
	c. CITY OR TOWN (IF			, write R				
	d. STREET ADDRESS 1 1613 On	Lando	o Ro	ad				FARM?
	Newnam	4. DATE OF DEATH	2	Ju.	Lu 1	6th		Year 19 60
1	B. DATE OF BIRTH Aug. 18, 18	83	76	In years rthdoy) yrs.	Months	R 1 YEAR Doys	Hours	Min.
15	STRY 91. BIRTHPLACE (SHOLE Cumberla 14. MOTHER'S MAIDEN N	or foreign co		lan		IZEN OF	SA	OUNTRY
	Lena Schm							
	nformant rs. Rosalia	T. C	1000	Add 16		rla	rdo	Rd.
						INTE	RVAL BE	

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE JUL 1 8 '60

b. COUNTY

Maruland

DUE TO			
Conditions, if ony, which) (b) Hepe	tu failure	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	
gove rise to immediate DUE TO	0		
lying couse lost. Output Course Course	cvD.		
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
Possible carcinomo	ng liver		YES NO
20g. ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCONTRIBUTING ACCORDED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter noture of inju	ury in Port I or Port II of item 1B.)	
Hour o.m. While	Not while ot work 20e. PLACE OF INJURY (Home foctory, street, office bldg		y) (Stote)
21. I certify that I attended the deceased alive an June 14, 19 60	fram June 9, 1960, to	July 16 , 1960, that I last so	w the deceosed
drive on State 14 19 00	, and that deoth accurred at_(ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE John J. Sar	rell M.D.		
PHYSICIAN'S NAME (Type) JOHN J. DARR	ELL, M.D.		
BURIAL, CREMATION, 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)

may be refoined by th

TO FUNERAL DIRECTOR

page 3 shauld be deto

the registrar priar to b VS A15 (4) 15M 9/58

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	COMPANY OF THE STATE OF THE STA	X 9 will said	
			4000

London F. 1923 F. Houre B. I. Koke.

TO DEFOCY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fit pages 1 and 2 with the State Board of Phelith, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

0 VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13ウウCm

						114411
1. PLACE OF DEATH				ICE (Whare deceased	lived, If institution: Re	esidence before admission)
	Ltimore	MARYLAND	a. STATE Ma:	ryland	Ba:	ltimore
b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate lim	nits, write RURAL and	giva naarast town)
	ltimore 12		X Ba	ltimore 12		
d. NAME OF HOSPIT.	AL OR INSTITUTION (if not in ho	spitat, give street address)	d. STREET ADDRESS			a. IS RESIDENCE
	07 Bellona Avem		680	07 Bellona	Avenue	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Typa or print)	MABEL	G.	NICHOLS	DEATH	July	26 19 60
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Female	White widow			1893 66	rthday) Months D	Days Hours Min.
10a. USUAL OCCUPATH done during most of wor	ON (Give kind of work king life, even if ratired)	and of Business or industr cert Terminals poration	Y 11. BIRTHPLACE (State			ZEN OF WHAT COUNTRY?
(ret'd)secr	e cary COI	peracton	14. MOTHER'S MAIDEN	rland	U	.S.A.
340	James . Nichol	.5	Control of the Contro	Rotkrock		
		SOCIAL SECURITY NO. 17. 1	NFORMANT	- O OBI OCK	Address	
(Yes, no, or unkown) (If	yes give war or dates of servica) 2	13-01-1562 War	ren E. Nici	hola 1996	C4 David C	
18. CAUSE OF DI	EATH Enter only one cause per	line for (a), (b), and (c).	Ten D. NTC	4019 1550	St. Faul	INTERVAL BETWEEN
	WAS CAUSED BY					ONSET AND DEATH
1422	MMEDIATE CAUSE (a) ATT	eriosclerotic C	ardiovascula	r Disease.		
1001	DUE TO					12 - 12 - 12 - 12
Conditions, if any,	1-1					
gave rise to immedia (a), stating the un	DIJE TO					
cause last.	(c)					
Z PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY
OTTA						PERFORMED?
20a. EXTERNAL CA	USE WAS 206, DESCI	RIBE HOW INJURY OCCURED. (E	nter nature of injury In Pa	ert 1 or Part II of item 18.	.)	YES X NO
PART II. OTHER 20a. EXTERNAL CA PRIMARY Or COT CAUSE OF DEATH.						
20c. TIME OF INJUR		1.	CE OF INJURY (Home, far		n) (Coun	ty) (State)
Hour a.m.	Whil 19 at wo	C THE TAILURE	ory, street, office bldg., et. Partial	c.)		
	at I took charge of the ren			Inspection .	Inquiry ,	and in my opinion
AL BURNING	om: Natural causes	, Accident Suic			ined manner	and in my opinion
Goant resulted in	Ont. Italulal causes	, Accident			med manner _	
ACTUAL	11/100	. (/	CHIEF MEDICAL			The second
SIGNATURE	(here	O Velley.	M.D.	DICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Typa)	Charles S. Pe	etty. M.D.	DEPUTY MEDICA	city, town, or county)		7/26/60
22a. BURIAL, CREMATION		22c. NAME OF CEMETERY OF		22d. LOCATION (CI	ty, lown, or country)	(State)
BURIAL (Stacify)	7-28-60	Loudon Park	Cemetery	Baltime	ore	
23. FUNERAL DIRECTOR		ADDRESS	24a. RE		66. REGISTRAR'S SIC	1 4
William Co	ok, Inc., 1217	St. Paul Stree	t DATE	JUL 2 9 '60	Orthur S.	Trans
			IDAIL			

SI amomities S. Somethins SECT PARTICIPAL AVERTOR ... Serela ditto meneral libraries 2,1395 66 And Evral alealing the tag and the terms of the alease (fit and .A.B.O. forcist single lost in the lost in a manet 215-01-1562 Barren E. Michola, 1236 St. Full Street actually maintenanciated caroling maintenance were consider by revery first Birthia Passis Housen Park Conservation Dales of William Cook, Thr., 1817 St. Paul Street My 7 50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7674 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY O. STATE files. Health, MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 CHTY OR TOWN (If outside corporate limits, write RURAL and give negrest town) r your 3 mos 23da THAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Boor State death. DATE Month DECEASED OF DEATH 2eu. The state of (Type or print) ofter 9. AGE (in year 6. COLOR-OR RACE 7. MARRIED 5. SEX NEVER MARRIED [B. DATE OF BIRTH IF UNDER TYEAR with Months WIDOWED | DIVORCED T 50 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Page 14. MOTHER'S MAIDEN NAME (Fool 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 204-22-18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) burial-transit **DUE TO** Off Shed Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port litem 18.) + IURNAND OVOK MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20th (City or town) Not while 19(0() of work of work Page 1). I certify that I took charge of the remains described above, held on Autopsy , Inspection [Inquiry | birector: Suicide . Homicide , Undetermined monner opinion death resulted from: Natural couses . Accident ... ACTUAL CHIEF, MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, of county) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40

FUNERAL DIRECTOR'S SIGNATURE.

VS. A15ME

5M 2/57

e. IS RESIDENCE

Yeor

IF UNDER 24 HRS.

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO IT

> > and in my

DATE SIGNED

(State)

246 REGISTRAR'S SIGNATURE

arthur & Krous

240. REC'D BY REGISTRAR

DATE LG 2

ON A FARM? YES NO M

TO HOSP

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH POLIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE o. STATE Mary 1		d lived. If instituti b. COUNTY		fore adm	ission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	Lefters on Safe	rate limits, write R	URAL ond give r	nearest to	wn)
RURAL ond give n		T : 0 -	V					
	AL (If not in hospital, give street	Life dddress)	d. STREET ADDRESS		Randall	Stown	e. IS R	ESIDENCE A FARM?
Marrio	tsville Road		Marrio	ttsvill	Le Road		YES	NO M
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mor	ıth	Day	Year
(Type or print)	Annie	Lee	Odell	DEATH	July		20	19 60
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YE	_	DER 24 HRS.
Female	White WIDOW	DIVORCED [July 28.	1875	84 yrs.	Months Day	s Hour	s Min.
10a. USUAL OCCUPATION during most of wor House	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	20	vland	ountry)	II. S.		COUNTRY?
13. FATHER'S NAME	7477		14. MOTHER'S MAIDE			1	H	
TT	771-7		Desta 1	rr. 9.1	, 100			
	enry Ehlers	SOCIAL SECURITY NO. 17, II	NFORMANT	Holbro	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of service)				D 7 - 7	7	7.5-	
No	12	18-32-1973	Ruth O. E	nos	Kandal	lstown	-	rylan
	ATH [Enter only one cause post line. ATH WAS CAUSED BY:	ne for (a), (b), and (c).	, 0 7					BETWEEN ID DEATH
PARTI. DE	IMMEDIATE CAUSE (a)	remorke	- of sel	eric			* mc	
1 74	DUE TO		/)					
Conditions, if a								
gove rise to i								
lying cause last.	(c)					-		
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GI	EN IN PART 1(0)	19. WA	SAUTOPSY
S Cand	- Mascu	lar des	200				YES [FORMED?
PART II. OTI CALO 20a. ACCIDENT WA OR CONTRIBUTION (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESI	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Por	t II of item 1B.)	70		
		WINN OCCUPATED 20- 01	ACE OF INJURY (Manage	f 205 (C')	41	10		161-1
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Year 20d. It While of wor	Not while fa	ACE OF INJURY (Home, I ctory, street, office bldg.,		or town)	(Count	γ)	(State)
21. I certify the	at (1) (this haspital) attend	led the deceased fram		1957 ta_	7/201	1960	that (1)	(we) last
saw the decea	7/20	1 1 %	death accurred at2	73 4	the course or			
220. SIGNATURE	sed dilve dil	and mark	deall discorred die	Lin, Hall	The cooses of	id dil lile dd		22b. DATE
Tron	n, E, Marti	Lhu	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
22c. PHÝSIČIAN'S NAME (Type)	NME MAI	RIIN	22d ADDRESS	A1/57	OVYN	/	1	101
23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCA	TION (City, town,	or county)	(St	ote)
REMOVAL (Specify	7/22/60	Mount Para	n Cemetary	Ran	dallsta	n M	arv]	and
24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	1 25g. k	EC'D BY REGIST	RAR 25b REG	STRAR'S SIGNAT		
Luthon	H. THOUGHT -	Sexkervelle.	Md. DATE	JUL 25'6	0 an	Klus S. Kro	u4	

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSE

VR A1S (4) 1SM 9/S9

is after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATL

CE	RTIFI	CATE	OF D	EATH

1. PLACE OF DEATH o. COUNTY	ilto.	MARYLAND	2. USUAL RESIDENCE (* o. STATE Md.		If institution: Residence . COUNTY Bal	
b. CITY OR TOWN (IF RURAL ond give ner Woodlawn	outside corporate limits, wri arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I Woodlawn	If outside corporate lim	its, write RURAL and giv	re nearest town)
d. NAME OF HOSPITA OR INSTITUTION 2702 Gwynn	AL (If not in hospitol, give str more Ave.	eet oddress)	d. street address 2702 Gwynni	more Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Glenna	Middle Davis	Paxton	4. DATE OF DEATH	Month July	12, Year 60
5. SEX Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	Sept. 17,18		birthdoy) Months [YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done in glife, even if retired)	06. KIND OF BUSINESS OR INC		ote or fareign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Henry Davi	.s		Mary Min	or		
	IN U. S. ARMED FORCES? f yes, give wor or dates of service)		Mr. R. Irving	Paxton -	Address 4038 The Al	ameda
PART I. DEAT	mediate Due To	teriosclerotic		lar disease)	10 years
20g. ACCIDENT WA	ER SIGNIFICANT CONDITION S UNDERLYING 206.	NS CONTRIBUTING TO DEATH B			MET DEL	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	*****				
20c. TIME OF INJURY Hour o. m. p. m.	yesese w	d. INJURY OCCURRED 20e. nile XXXXXX while work 0 twork 0	PLACE OF INJURY (Home, for foctory, street, office bldg.,	etc.)	n) (Co	ounty) (Stote)
		ended the deceased from	death accurred at 6	19.60, to 7/1 304 triving the co		22b. DATE
22c. PHYSICIAN'S NAME (Type) M	illard T. Tra	band, Jr. H. D.		DIRECTOR DE STALL PHY 101 Gwynn (21timore, 7	s. 🗆 (/	/13/60 SIGNED
230. BURIAL, CREMATION REMOVAL (Specify) Burial 24 ONERAL DIRECTORY	7/14/60	23c. NAME OF CEMETERY Meadowridg ADDRESS	or CREMATORY e Mem Park 25a. RE		lity, town, or county)	

7791 CERMINGATE OF DEATH . . . THE RESERVE STATES AND A SERVICE COMPANY OF SERVICE AND A Louisia Company Compan THE SHEW OF SHEET AND THE source and the second and the second second second second range of the control with the meaning of the Action should be a few ton the first the contract of t

CERTIFICATE OF DEATH

						Keg. Dist.	140.
)1.	PLACE OF DEATH a. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W a. STATE MARYLA	here deceased lived. If in: b. COU		
	RURAL and give near	outside corporate limits, we est town) SEDALE	c. LENGTH OF STAY IN 1b 6 years	c. CITY OR TOWN (IF	outside carporate limits, w ROSEDALE	rite RURAL and give	e nearest fawn)
	OR INSTITUTION	(If not in hospital, give s	Balto. 6, Md.	d. STREET ADDRESS 7614 Wilh	elm Ave. Bal	Lto. 6, Mo	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First WILLIA	Middle	Lost PENTA	4. DATE OF DEATH	Month	Day Year 19 60
S.	Male (2000 A B	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 13, 1894	9. AGE (In)	years IF UNDER 1 Y doy) Months Do	EAR IF UNDER 24 HR
100	usual occupation during most of working Superint	g life, even if retired)	10b. KIND OF BUSINESS OR INDU	Italy	ar fareign country)	12. CITIZE	OF WHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
		N U. S. ARMED FORCES? yes, give war or dates of service)		Lucia INFORMANT Ohn Penta 761	4 Wilhelm Av	Address	6. Nd.
ATION	Canditians, if any gave rise to imm couse (a), stoting the lying cause last. PART II. OTHER	nediate DUE TO	TO/YCYTLE	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1((o) 19. WAS AUTOPS' PERFORMED?
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Port I ar Part II af item 1	B.)	
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	, v	Od. INJURY OCCURRED 20e. P	ACE OF INJURY (Hame, farr actory, street, affice bldg., etc	n, 20f. (City ar tawn)	(Cau	nty) (State
720	21. I certify that alive an	Clerk Ho	and that death			s and on the detayn, state of Balto. 6,	DATE SIGNE Sultu (79 Md. 7/3/60
	REMOVAL (Specify)	July 7, 196	22c. NAME OF CEMETERY OF Holy Redeeme		Baltimore,		(State)
23. F	FUNERAL DIRECTOR'S S	rach 1211 Ch	esaco Ave. Balto	. 6, Md. 24a. REC	,	REGISTRAR'S SIGN.	

DATEUL 7

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haws after death. TO HOSP VS A1S (4) 1SM 9/SB

after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

CONTRACTOR SECURITION

Special medical Committee of Co

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You will aw I would not some Tome Town Wilhelm Ave. Dalto. U. 16.

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Daniel Country of Motor of Declarate Commencer in the control of t

Middle C. Ash ash onces to Elif House it agricult

MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessary, please exe-ector. Page 4 should be Reg. Dist. No. crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Mary land Baltimore buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Baltimore County - Catonsville Catonsville 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? files. registror pr ll Wade Avenue YES NO SPRING STATE HOSPITAL 3. NAME OF First DATE Middle Month Year far your DECEASED (Type or print) DEATH Oscar Pulliam 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH retained fa IF UNDER TYEAR IF UNDER 24 HRS. (In years Days Hours 18, 1887 WIDOWED T DIVORCED [0 male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) m 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) quo ond ond Virginia U. S. A. Unknown may es 1 c 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours of Pages 1, Page 5 ma pages Unknown Lucietta Gerring Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 219-10-6854 unknown Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Congestive heart failure PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (o) DUE TO with //Pneumonia .5 Broncho Conditions, If ony, which (b) pencil i gove rise to immediate cause DUE TO (o), stating the underlying Fracture of right hip (Temur Accident cause lost. pending in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 90 PERFORMED? NO T word 'pend 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Pt. was found with 20a. EXTERNAL CAUSE WAS be PRIMARY OF CONTRIBUTING CAUSE OF DEATH. intertrochanteric frac. of rt. femur - do not know the should reason for this [200. PLACE OF INJURY (Home, form, 201. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) writing the whief Medical E factory, street, office bldg., etc.) While Not while 19 60 of work at work Catonsville 28. Maryland hospital 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry, and find that to the Chief I Chief death resulted from: Natural causes Accident 1 Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded to FUNERAL ASSISTANT MEDICAL EXAMINER removal **EXAMINER'S** George M. Kieffer, M. D. DEPUTY MEDICAL EXAMINER TO NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Stote) REMOVAL (Specify) 0 60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

2 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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EXAMINER:

MEDICAL

2 2

A BELLEVICE OF A PERSON SHEET AND ATTACK MADE OF THE PARTY THE MILE STREET The same of the sa Harman and main and the man total and the state of the st PERSONAL PROPERTY. CONTRACTOR OF STREET

HTARO TO STADENTARY CHATHEOATE OF GRATH

MARYLAND STATE DEPARTMENT OF HEALTH

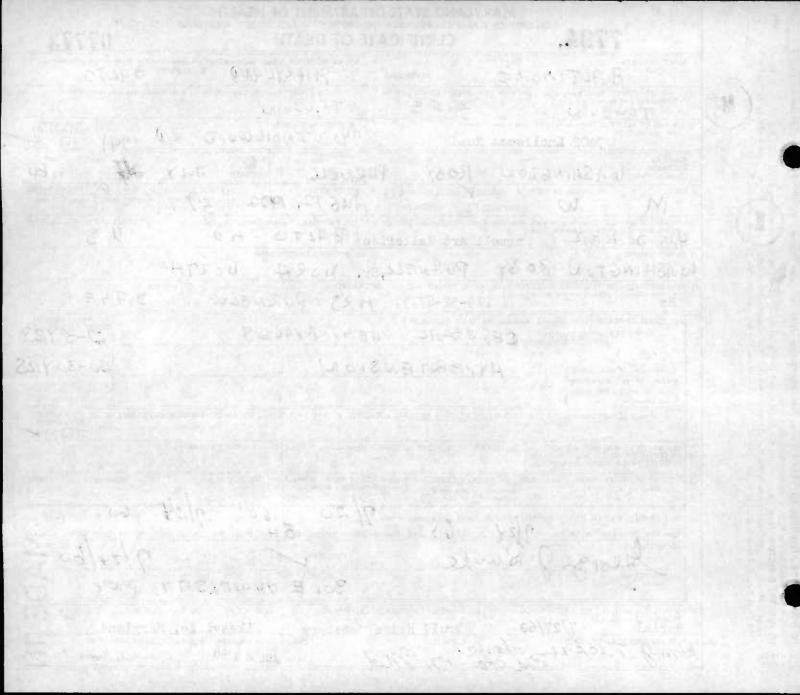
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH O. COUNTY BALTIMORE MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE ARYLAND b. COUNTY BAL	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 70 W 50 N	c. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWSO N	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7402 Knollwood Road	19402 KNOLLWOOD RD (26	e. IS RESIDENCE ON A FARM? YES NO E
	NAME OF DECEASED (Type or print) WASHINGTON ROBY	PURNELL 4. DATE OF DEATH JOLY 35	Doy Year 60
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [(1) (1) (30) lost pirthdoy) Months (YEAR IF UNDER 24 HRS. Pays Hours Min.
100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life even if refired) Purnell Art Galle	DAITA LD	S.
13.	SASHINGTON ROBY PURNEL	4. St. NORA WORTH	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 1. no, or unknown) (If yes, give war or dates of service) 219-32-6779	MRS PURNELL SA	h=
	1B. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stoling the under-lying cause last. (c)	NSION	JU-30 YR
CATION		H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work	0e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (Co factory, street, affice bldg., etc.)	ounty) (Stote)
		ram $7/20$ 1960 ta $7/29$ 1960 hat death occurred at $5/4$ M, from the causes and an the	that (I) (we) last date stated above.
	220. SIGNATURE LEGISE J. Runke	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. D	24/63 SIGNED
	22c. PRYSICIAN'S NAME (Type)	301 E UNIVERSITY PA	= 4
23	o. Burial, Cremation, Removal (Specify) Burial 7/27/69 23c. NAME OF CEMETIC 7/27/69	ery or crematory 23d. LOCATION (City, town, or county) dge Cemetery Pikesville, Maryla:	(State) nd
24	FUNERAL DIRECTOR'S SIGNATURE M. J. I CARLES STORAGE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	1.0

TO HOS VR A1S (4) 1SM 9/S9



FOR STATE M

TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decinessory, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the found director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14

						-	11/
70	-	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH		0.6

	(130)								Reg.	Dist. No		
I PLACE OF DEATH					2. USUAL RESID	ENCE (W	/here decea	ed lived. If institu	tion: Resi	dence bef	lore cdm	ission)
o. COUNTY	Baltimore		MARYL	AND	o. STATE	Mary	rland	b. COUNT	Ba	altim	ore	
	outside carporate limits, writ	w RURAL	c. LENGTH OF STAY IN	116	CE. CITY OR TO	N) NWC	outside car	porote limits, write				wn)
end give nearest town	1001				34	Flee	sex (2	7)				
		If not in hosp	pital, give street address)		d. STREET AD		SEA (A	1			e. 15 F	ESIDENCE
1604	Rickenback	er Rd			1	1604	Rick	enbacker	Rd.			A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Mont	h	Doy		Year
(Type or print)	ESTELLA	C. (H	ARTMAN) QUI		N		DEATH	July 7				19 60
s. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE In years last birthday)		R TYEAR		ER 24 HRS
Female	White	WIDOWED	DIVORCED [March 7.	189	96	64 yrs.	Months	Days	Hours	Min.
00. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	E (Stole	ar foreign a	country)	12. CI	TIZEN OI	F WHAT	COUNTR
House	ng life, even if retired)		Home		Mars	rland	1			II.S	. A.	
13. FATHER'S NAME			210110	1	4. MOTHER'S MA					0 0 1		
John	Hennan				TIV	lknow	222					
15. WAS DECEASED EV		RCES? 16 9	SOCIAL SECURITY NO.	17 INF	DRMANT	TICITON	A11	Address				
Yes, no, as enknown)	Ill yes, give war ai dates of	service)					700			1. 70.5	11.	27
No			12-03-0805DI	And	drew Har	unar	1 100	4 Middle	bourg			
	TH [Enter anly one cat	se per line !	or (o), (b), and (c).	1						ONSE	VAL BETW	ATH.
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	11-	3-C-V	-	ISEAS	e				an		
4773	OUE TO				4.		100					
Conditions, if o	ny. which) (b)	D	1 Ab etes		MeLLI	tus						-
gave rise to immed	diale couse											
(a), stating the cause last.	underlying (c)											
			NTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	IF TERMI	NAI DISEAS	F CONDITION GIV	/EN IN PA	PT 1/01/19	D WAYAR	AUTOPEY
			1						P14 114 CV		PERFC	DRMED3
E 20- EVTERNIAL CAL	105 14/45	L DESCRIPE	waller occiton	TD 45 1	4.1						res []	NOT
PART II. OTH	NTRIBUTING [DESCRIBE	HOW INVURY OCCUPATION	CENT	er noture of injur	y in Fort	l or Fort if	of item 18.)				
20c. TIME OF INJUI	RY Month, Doy, Yes	or 20d. II	NJURY OCCURRED 20e.	PLACE	OF INJURY (Hor	me, form,	20f. (City	or town)	(C	ounty)		(State)
Hour a.m.	19	While of wor	Not white	foctory	, street, office bl	dg., etc.)						
			emains described	ahaua	hald on A				1	·	-	1.1
			_/	-				rspection 1		iry 4,		d in my
apinion death	resulted from:	Natural c	auses Accide	nt	, Suicide		lamicide	, Undele	rmined	manne	r 📙	
1	ma	3	-1 10 1								DATE	IGNED
ACTUAL SIGNATURE	11/5	TA	acus		A.D. CHIEF MED	NCAL EX	AMINER [/	IONEU
EXAMINER'S NAME (Type)	MB	DA	V15 /	ni	ASSISTANT		L EXAMINE		7	18	16	0-
	N. 220. DATE THEREC)F	22c. NAME OF CEMETER	Y OR CR	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stol	e)
Burial	7/9/60		Sacred Hea	rt c	of Jesus		Bal	timore C	1	Id.		
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24	lo. REC'D	BY REGIST				E	
James Bruze	dzinski 14	07 Eas	stern Ave.		0	ATE	111 12	'60	Irthur	8. Ku	aud	

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	Description Onto		

VS A15 (4) 15M 9/58

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De executed willing 24	n and campletely filled in by the funeral directa	irban papers. Pages 1 and 2 shauld be filed wit
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MILLIAN AND AND AND AND AND AND AND AND AND A	etely	Pool
20000	compl	popers
0	and a	rban

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07775 Reg. Dist. No.

	779	6	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (WI	b. COUR	itution: Residence before admission) NTY Ral timore
b. CITY OR TOWN (RURAL and give n	If autside carporate lim	its, write c	LENGTH OF STAY IN 1b		autside carporote limits, wri	te RURAL and give nearest town)
OR INSTITUTION	TAL (If not in haspital, sox 21 E. Jo			d. STREET ADDRESS Box 21	E. Joppa Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi		Middle	lost Reed	4. DATE OF DEATH	Manth Day Year July 12 1960
5. SEX	6. COLOR OR RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	FOR IFUNDER 1 YEAR IF UNDER 24 HE
Female	White	WIDOWED	DIVORCED	March 26.		yrs. Manths Days Hours Min.
Oa. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	dane 10b. KII	ND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTR
Housewi		,	At Home	Ralto	. Co. Md.	IISA
3. FATHER'S NAME	.10		AU HOME	14. MOTHER'S MAIDEN	NAME	USA
W.T.	h 0 0.		ALC: N	_	_	
	ter C. G	ambril	CIAL SECURITY NO	INFORMANT		Address
(Yes, no, or unknown)	(If yes, give war or dates of		CIAL SECURITY NO.	INFORMANI		Address
No			None M	David H. Re	ed Sr. Box	21 E Joppa Rd.
18. CAUSE OF DEA	ATH [Enter only one co	ouse per line	for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:		to wroond	inl inferet	ion	onset and death
	IMMEDIATE CAUSE () acu	te myocard	ial infarct:	TOIL	I nour
1 42	O DUE TO)				
Conditions, if o	ony, which) (t	0.0	ronary thr	ombosis		
gave rise to i	mmediate (T CITCAL J CALL	OMDOGIO		
lying cause lost.	rne under-					
		c)				
PART II. OTI	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
Diabe	tis melli	tus				YES NO
PART II. OTI Diabe: 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH		BE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.	
	MEDICAL EXAMINER)	a, Hubba				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. INJI		PLACE OF INJURY (Home, form		(County) (Stot
Hour o.m.	19	While	IAOL MULIE	actary, street, affice bldg., etc	-)	
			ot work	- 0 - 20 -		/ 2
21. I certify th	nat I attended the	deceased	from Januar	y 1019 50 ta Ji	uly 12, 19	60that I last saw the decease
alive an	12 VI	19 6	O and that deat	h accurred at 8:51	of from the course	and an the date stated abar
dive dii	7		, did ildi addi		ADDRESS (Street, city or to	
ACTUAL	1 0		8			
SIGNATURE	Leodo	-	1 toms	м.в. 9660 В	elair Rd. H	Balto 6, Md.
PHYSICIAN'S	Theodore	E. E	vans, M. D			7/13/
NAME (Type)			valls, n. D	•		
220. BURIAL, CREMATIC	ON, 22b. DATE THERE	OF ?	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tox	wn, or county) (State)
REMOVAL (Specify)	7-16-196	0	Camp Chapel	Methodist	Joppa Rd. Ba	lto. Co. Md.
3. FUNERAL DIRECTOR			ADDRESS			EGISTRAR'S SIGNATURE
and I	- 11		aux Bell		JUL 1 4 '60	Chilling S. Knus
TARAMAN VI	AMIANY BOD	NI	1401 NECOI	L ITCL DAIL		a. /www.

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			Tr.				
1. PLACE OF DEATH o. COUNTY Balto		MARYLAND	2. USUAL RESIDENCE o. STATE		. If institution: b. COUNTY	Residence before Balto.	e admission)
b. CITY OR TOWN (If outside con RURAL and give nearest town) Hebbvill		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate lie	mits, write RUR	AL and give near	est town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION 3216 Roll		oddress)	d. STREET ADDRESS	olling Road			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First George	Middle Winfield	Reibliah	4. DATE OF DEATH	Month Ju.	ly 3,	Year 19 60
S. SEX 6. COLOR	OR RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	los	birthdoy) A	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kin during most of working life, eve Farmer	d of work done 10b. in if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St. Mary)				WHAT COUNTRY?
13. FATHER'S NAME	D1411411		14. MOTHER'S MAIDE	oth Schmid			
15. WAS DECEASED EVER IN U. S. A	RAID FORCES? If or dates of service)	-0 -0 -1	of Kennet		Address	DATE	. 12, Md.
Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFIC COR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX (IF EITHER) (ING 20b. DESC	CONTRIBUTING TO DEATH BUT				4 IN PART 1(0) 15	P. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Hour o. m. p. m.	/	Not while fo	ACE OF INJURY (Home, cotory, street, office bldg.,		wn)	(County)	(Stote)
21. I certify that (I) (this saw the deceased alive 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dro I	2/	3 1960 and that a	M.D. ATTENDING PHYS. 22d. ADDRESS	MED ST/	AFF YS.	an the date	22b DATE SIGNED
REMOVAL (Specify) Burial 7-	1960	23c. NAME OF CEMETERY C	etery	23d. LOCATION (City, town, or	county) Md.	(Stote)
24. FUNERAL DIRECTOR'S SIGNATUR	RE .	8728 Liberty		EC'D BY REGISTRAR		RAR'S SIGNATUR	

Randallstown, Md.

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. If offer death. Page 4 may be recoined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

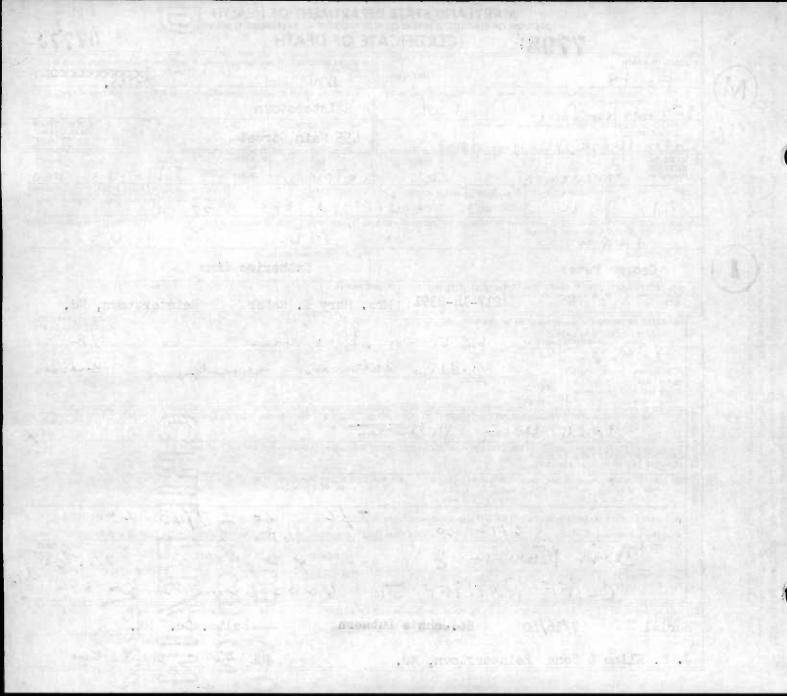
Hilesu AD a ADMINID . 57203 Little Roll Seet application CLS deliving Mother agreed AT IN SEEL OF LINES IN THE 4 x y banigadi geleras tentri AL SCOLET 946E . 6430E 1160 Hallates ... tempet. 250E-0;- ES The state of the s discount of alaba its ozow misery fishi, salto, 7, day Surfall 7-d-19 0 after Canadany - 1 Indeed California TRUE LA LEVE DE LA LINE DE LA LIN A CONTRACTOR OF THE STATE OF TH

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7798

1.	PLACE OF DEATH a. COUNTY Back Aro	MARYLAND	a. STATE	NCE (Where deceased live		before admission)
2	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn).	c. LENGTH OF STAY IN 16	the later of the same	OWN (If outside carporate I	imits, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in haspital, give street of or institution		d. STREET AC			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) First	Middle W .	ReTer	4. DATE OF DEATH	Month July	Day Year 13 1960
S.	SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH			YEAR IF UNDER 24 HRS. Days Hours Min.
	D. USUAL OCCUPATION (Give kind of work dane 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	m	D.		NOF WHAT COUNTRY?
13	George Reter		14. MOTHER'S	MAIDEN NAME Catherine Lir	ns	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		IFORMANT		Address	
(,	15. No or unknown) (If yes, give war or dates of service) 21	7-14-2391 Mr	s. Mary	E. Reter	Reisterstow	n, Md.
	1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e far (a), (b), and (c).]	Ilen	loso.		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO (b) DUE TO	alin se	leve	- gran	lyil	enfrou
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO Y
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature af	injury in Part I ar Part II at	item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 at wark	Nat while fac	ACE OF INJURY (H tary, street, affice	ame, farm, 20f. (City ar to bldg., etc.)	awn) (Cau	inty) (State)
1	21. I certify that (I) (this haspital) attended the deceased fram. 7 (2) 1960, to 7/3, 1960, that (I) (we) last saw the deceased alive an. 6 12 1960, and that death accurred at 11 M, fram the causes and an the date stated above. 22a. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. 7 (1) 16 SIGNED					
	22c. PHYSICIAN'S NAME (Type) CLIFF RA	TLIFF . JA	22d. ADDRES			AVC B
23	Burial, CREMATION, 23b. DATE THEREOF 7/16/60	23c. NAME OF CEMETERY O		23d. LOCATION Balto	(City, tawn, ar caunty) Co. Md.	(State)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		2So. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	
-	J. F. Eline & Sons Reiste	erstown, Md.		DATE JUL 18'6	Orthur &	Thomas

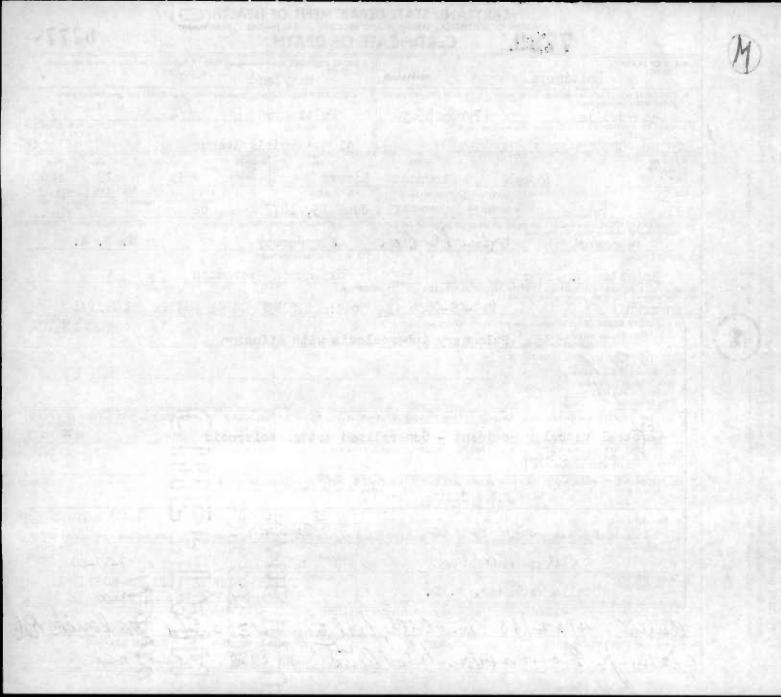


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		3.11	CERI	IFICA	IE OF DEATH					U 6 6	00
a. COUNTY	лн Baltimor	e	MA	RYLAND	2. USUAL RESIDENCE (Va. STATE		d lived. If instituti b. COUNTY		nce befa	re admiss	sian)
	WN (If outside corporate	limits, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (I	f autside carpo	rate limits, write R	URAL and	give nec	arest tawn	n)
0 .	give nearest tawn)		7vr6mth5	dvs	Baltimo	T'e	3	V	11	-	1
d. NAME OF H	OSPITAL (If not in haspite	al, give street		470	d. STREET ADDRESS					e. IS RES	SIDENCE
OR INSTITUT	GROVE STAT	E HOS	PITAL		3103 Virg	inia Av	renue				FARM?
B. NAME OF DECEASED		First	Mide	dle	last	4. DATE OF	Mar	ith	Do	ly	Year
(Type ar print)	Jo	seph	Clerm	ont	Rivers	DEATH	July		19		19 60
5. SEX	6. COLOR OR RA	CE 7. MARE	RED NEVER MAR	RRIED 🔲	B. DATE OF BIRTH		9. AGE (In years			+	ER 24 HRS
male	white	WIDOWI	DIVOR	CED 🗍	June 15, 18	77	last birthday) 82 yrs.	Manths	Days	Hours	Min.
Oa. USUAL OCCL	JPATION (Give kind of wo	ark dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Sta	te ar foreign c	ountry)	12. CI	TIZEN OF	F WHAT (COUNTRY
during mast a	of warking life, even if ret	ired)	in ale	100	New Jer			II	. S.	Λ	
3. FATHER'S NAM	woodwork	1/3	and a s	600	14. MOTHER'S MAIDEN			0		EL a	
						3					
	istus H. Riv				Elizabet	h Steve			100		110
(Yes, no, or unknown)	DEVER IN U. S. ARMED		SOCIAL SECURITY I	NO. 17. 11	NFORMANT		Add	ress			
unlenowi	n	2	13-09-985	8 Re	cords: SPRI	NG GRO	OVE STAT	L H	OSPI	TAL	
IB. CAUSE O	F DEATH [Enter only one	e cause per li	ne far (a), (b), and ((c).]						ERVAL BE	
PART	I. DEATH WAS CAUSED E	Y: Pu	monary to	iberci	closis with	ffusio	n		UNS	SET AND	DEATH
gave rise cause (a), st lying cause	. OTHER SIGNIFICANT C	(c)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(a) 1	19. WAS	AUTOPS ORMED?
Cere	bral vascul	ar aced	dent - Ge	nere	lized arterio	sclero	ราร			YES A	
20a. ACCIDEN	NT WAS UNDERLYING DITING CAUSE OF DEAD OTIFY MEDICAL EXAMINE	20b. DES			D. (Enter nature of injury i						
Haur (Year 20d. II While at war	NJURY OCCURRED Nat while at wark	20e. PL fa	ACE OF INJURY (Hame, factory, street, affice bldg., e	rm, 20f. (City	ar tawn)		(Caunty)		(Stat
	y that (I) (this hasp	ital) attend	led the decease	ed fram	July 12 death accurred of 15	9.60 , .ta_	July 19			nat (I) (
22a. SIGNATU		1 1 1	ich, ly	id filler	ATTENDING	MED. DIRECTOR	STAFF PHYS.	id dir ii	7-19	22	b. DATE SIGNE
22c. PHYSICIA NAME (T	(compa)	lachsle	r, M. D.		-		GROVE ST	Mary		PITA	L
23a. BURIAL, CREA POMOVAL (Sp.		REOF 60	23c. NAME OF C	EMETERY)			TION (City, town,			(Stgl	E. A
A. FUNERAL DIRE	CTOPS SIGNATURE	vans	Soul 9	Tol	Cens DATE	C'D BY REGIST		STRAR'S S		RE	

VR A15 (4) 15M 9/S9



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07779

CERTIFICATE OF DEATH		CERT	IFIC	ATE	OF	DEA	TH
----------------------	--	------	------	-----	----	-----	----

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE 1.27
19 allement MARYLAND	o. STATE MAGICANO B. COUNTY Balto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give appress town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
(Westle	X Juneanlle
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
190 Steneneon Kood	1909 SURLASON COOL YES NO
3. NAME OF CALL First Middle	Last 4. DATE Month Day Yeor
(Type or print) Wellen /12/K)	Tuly 18 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
timale White widowed DIVORCED	MAR Ext 7/948 12 yrs. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none home	10 atternore MM ASA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. Allean Tarka	Deveren Weener
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service)] (If yes, give war or dates of service)	NFORMANT Address A MA-ON
N	Vottlad Property 1909 Allherson
1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 2 (22)	sorum of Runna 5 months
DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate DUE TO	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Port II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for While Not while	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
Hour a.m. p. m. 19 While Not while of work at work	
21. I certify that (I) (this hospital) attended the deceased fram	ACCONCER 1960, to 100 1960, that (1) (we) last
	deoth occurred at 342. M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Man al Christin	M.D. PHYS. SIGNED STAFF SIGNED
22c. PHYSICIAN'S PAR A A A DELLE	22d. ADDRESS
Jour 11 water	1401 Kelstatown work know My
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	REMATORY 23d. LOCATION (City, town, or county) (State)
January 7/19/49 Cherick &	Louisso. Dallings, that
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Jol Julian 1 Jalla - 6010 Rec	1 May DATE 1111 20'60 Cilling & Kraus

The first of the second of the CA CONTRACTOR DECISION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07780

	7801	CERTIFIC	ATE OF DEATI	Н	Reg. Dist. I	No.
1. PLACE OF DEATH a. COUNTY	IMORE	MARYLAND	2. USUAL RESIDENCE (WI o. STATE	here deceased lived. If institution b. COUN		efare admission)
	f autside carporate limits, write	c. LENGTH OF STAY IN 16		autside carporate limits, write	RURAL ond give	nearest tawn)
FULLE	ERTON.	LIFE.	X FULL	ERTON.		
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS	BELAIR RD.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	OF -	lanth	Day Year
(Type or print)	I-RANCE:	s. C.	ROHE.	DEATH VOI		9 1960
5. SEX	1	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday		EAR IF UNDER 24 HRS
FEMALE	WHITE WIDOW		MARCH 26,	1000	rs.	
during most of wark	ON (Give kind af wark done 10b. ing life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN	OF WHAT COUNTRY
HOUSE	WIFE !	JOUSE WIFE	AUSTR	RIA	0.	5,2
3. FATHER'S NAME	1		14. MOTHER'S MAIDEN I	NAME		
TRAN	K. VANIK		LUOSEPH	INE ONK	NWO.	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	10-26-2706	STANLE	Y RIEIT	ddress N	102 TORGE
18. CAUSE OF DEA	TH [Enter anly ane couse per li	ne for (o), (b), and (c).]	110	1		NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: AC	ute myse	ardial ind	bection		2 AND DEATH
Canditions, if ar	DUE TO (b) Co	ronery or	Teriscles	ris		4 900
cause (a), stating to		terio selesot	ic condisor	escula d're	iose	10 yes
PART II. OTH COLOR OF COLORNY WA OR COLORNY WA O	er significant conditions	tooth	IT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION (SIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I ar Part II of item 1B.)		
Y 20c. TIME OF INJURY Hour a. m. p. m.	While	NJURY OCCURRED 20e. I Nat while k at work	PLACE OF INJURY (Hame, farm actary, street, affice bldg., etc	m, 20f. (City ar tawn)	(Caur	nty) (State
actual SIGNATURE	at I attended the decease - 22 196	es .	7 , 19 59 , to		and an the de	saw the deceased ate stated abave DATE SIGNES
220. BURIAL, CREMATION	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tawi	or county)	(State)
REMOVAL (Specify)	Tan 412 100	St. Toom	ON CREMATORY	RALTIN	n, or coonly)	(State)
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS	740. REC	D BY REGISTRAR 24b. RE	GISTRAR'S SIGNA	
9-11-0	Fine Other	WA MANIRO	Pair Rol DATE	1111 1 2 100		
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MARIE CONTROL TO BEATH ENTERNOS DE LA CARTE MANAGEMENT the state of the s The said will be made and the street following The second of the second

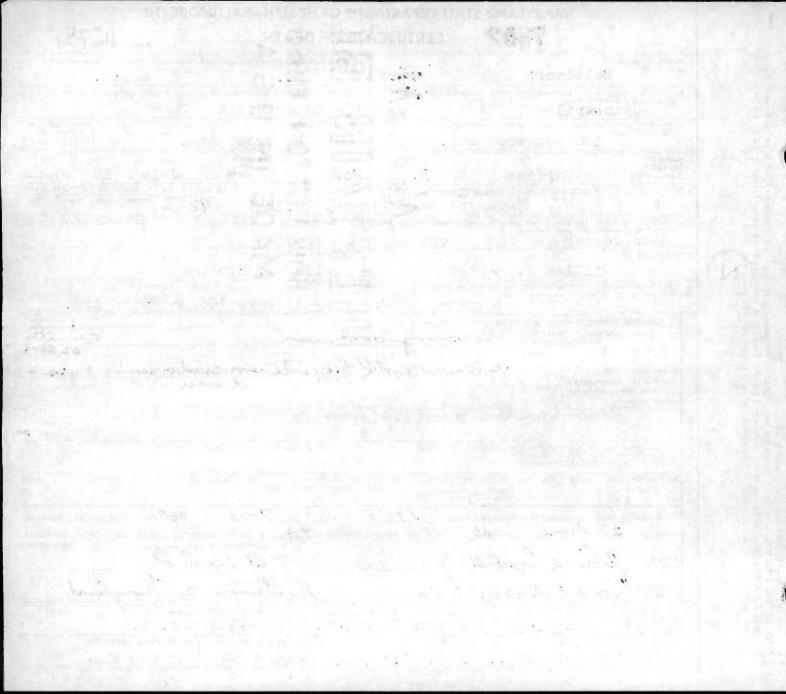
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7802

CERTIFICATE OF DEATH

Reg. Dist. No. 781

	B B	altimore		MAR	YLAND	2. USUAL RESI	Md.	ere deceosed	d lived. If instituti b. COUNTY			e admissi	on)
	RAL and give ne	outside corporate limarest tawn) nsv1110	its, write	c. LENGTH OF STAY	IN 1b	-		viside corpo	rate limits, write R	URAL ond g	ive nea	rest town)
d. NA	MOITHTEM	AL (If not in hospital,		AVe.		d. STREET /	ADDRESS	wood					DENCE FARM? NO
3. NAM DECE (Type		Harri		Middle B.		Rowe	st	4. DATE OF DEATH	Mor Ju		16	,	rear 1960
S. SEX	F	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRI		Nov.	н 18,18	387	9. AGE (In years last birthday) // 2 yrs.	IF UNDER Months	1 YEAR Days		
duri	UAL OCCUPATION IN MORE TOUS EKO	ng life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUS		IACE (State	or foreign o	ountry)	12. CITI2	ZEN OF	WHATC	OUNTRY?
13. FATH	IER'S NAME	illiam T	. Ba	rker		14. MOTHER'S			ohann				
(Yes, no, c		IN U. S. ARMED FOI f yes, give war or dates of		SOCIAL SECURITY NO		John	I. F	Rowe :	Add	ress OWOOC	l At	ve.	
ga cou lyin	onditions, if on the rise to in use (o), stating t ng couse lost. Part II. OTH	he <u>under-</u> DUE TO) Oca	Tempole	ATH BUT	e lugg	o THE TERMI	OLE NAL DISEAS	cardion secret	/EN IN PART	1(0) 19	PERFO	RMED?
O (IF E	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY I TIME OF INJURY Haur a. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye			20e. PLA	CE OF INJURY tory, street, office	(Home, farm	, 20f. (City	t II of item 1B.) r or tawn)	(C	ounty)	TES []	(State)
alin ACT SIGN	ve an 2	at I attended the 3 June Rud 1 0HN A.N.			953 death	accurred at			the causes ar treet, city ar tawn and f	d on the		stated	
22a. BUR	RIAL, CREMATION MOVAL (Specify)	7-19-6		22c. NAME OF CEM					tion (city, tawn,			(State	e)
	ral director's		me.,	ADDRESS Catonsv:	llle	.Md.	24a. REC'I	21 '60		STRAR'S SIG			



07782

	GERTINICA				~~~
1. PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLA)	b.	If institution: Residence COUNTY	befare admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		ts, write RURAL and air	ve negrest tawn)
RURAL and give nearest town)				> 110	1-4
FORT HOWARD	6 DAYS	BALTIM	JRE	210	IC DECIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATIO	ON HOSPITAL	2222 B	ANK STREET	<u>'</u>	YES NO X
3. NAME OF DECEASED (Type or print) JOHN	Middle J	SABOY	4. DATE OF DEATH	JULY	Day Year 11 1960
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS
MALE WHITE WIDOWE	D DIVORCED	JUNE 8 1892	lusi c	68yrs. Manths [Doys Haurs Min.
Oa. USUAL OCCUPATION (Give kind of wark done 10b. K	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
during most of working life, even if retired) Carpenter		Austria		U.	S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Joseph Saboy		Anna Furg	ol		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	FORMANT	-	Address	
(Yes, no, or unknown) [If yes, give war or dates of service)		lin. Rec., VAH	Balto Md.	,Ft Howard	Division
1B. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PERFORATION OF	STOMACH		431.6	
190 a DUE TO	CARCINOMA				UNKNOWN
Conditions, if ony, which (b)					MODEL PARTY
gave rise to immediate DUE TO					
lying couse lost.					
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO. Arteriosclerotic He					PERFORMED? YES NO K
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter nature af injury in l	Port I ar Port II af ite	m 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While at work	Not while fac	CE OF INJURY (Hame, farm tary, street, affice bldg., etc.	, 20f. (City ar tawn) (Ca	ounty) (State)
21. I certify that (4) (this haspital) attended	ed the deceased fram	July 5 12	60 to July	11 1960	2, that (A) (we) last
saw the deceased alive an July 11		eath accurred at 2	M. from the co	uses and an the	date stated above
220. SIGNATURE		0011 03001100 012222	,	3303 3113 311 1113	22b.DATE
Males.	1 -	M.D. PHYS. DI	ED. STAF	. 🗷	7/12/6
22c. PHYSICIAN'S DE CONTROL	2/22	22d. ADDRESS			
WALTER J. PIJANOW	SKI	VAH Ft HO	WARD DIV.	Balto 18,	_Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LØGATION ICI	ty, tewn or county)	(State)
REMOVAL (Specify) 7/15/60	St. Stanislau	Cometens	Balto.	Marvland	HI WAS A
Burial 24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			25h. REGISTRAR'S SIG	NATURE
			4.0.100	Orlang &	Krous
Fred W Ozazewski 1930 Eas	stern Ave .Balt	O.Md DATE	MF 13 00		

is ofter death. Pogera OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 241

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

TO HOSP

. . . Descent City, because Balto be a loaned Division AC MODERN THE COMMENT OF THE PROPERTY AND THE PROPERTY AND THE PARTY AND AN OCCUPATION OF A PARTY OF A PARTY OF A PARTY.

Reg. Dist. No

the VS A15 (4) 15M 9/5B

e. IS RESIDENCE ON A FARM?

. S	AN	DERS	4. DATE OF DEATH	JULY		2	/	Year 1960
RRIED 🗔	B. DA	TE OF BIRTH		9. AGE (In years last, birthdoy)	IF UNDE	R 1 YEAR	IF UND	ER 24 HRS.
CED 🔲	CED JAN. 13, 1900		0	60 yrs.	Months	Doys	Hours	Min.
OR INDL	STRY	11. BIRTHPLACE (Stote	_		12.CI	TIZEN OF	WHAT	OUNTRY?
20.		BALTIMO	ORE,	MD:		U. S	S. A	1.5
	1 2 4							

KAUFMAN

18. CAUSE OF DEATH [Enter o	nly one cause	per line far (a), (b), and (c).] / .	1.		11 1	INTERVAL BETWEEN
PART I. DEATH WAS CAI	JSED BY: CAUSE (a)	Gostoen bre	tra	acute c	Hemmorthage	ONSET AND DEATH
>71.1	DUE TO					
Canditions, if any, which	(b)					
gave rise to immediate cause (a), stating the <u>under-</u>	DUE TO					
lying couse lost.	(c)_					
PART II. OTHER SIGNIFIC	ANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES TO NO D

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(County)

20 A.M., from the causes and on the date stated above.

DATE SIGNED

DATE SIGNED 1920, that I last saw the deceased

(Stote)

(State)

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUL 25 '60 arthur S. Krous

HD. HREITHORE BULTIMONS. AND SERVE BY SANDERS - IN SANDERS - IN THE SERVE - EQ. E DA GURLELMANDE DE LE SECHOL BLAND ALBOUR TENENT COUNTRIES AND THE WAS A NEW TOWN BOLD MENTANKY ZMIRZKLET IN SALENSES FROM NO STATE OF SANDERS SANDERS the first of the same land, also a state or the first of the same and The state of the s

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pital ar attending physician.	er this certificate has been signed by the attending physician and campletely filled	for use as the hurial-transit permit. Then please remove corbon papers. Popes 1

	DIVISION OF STATISTICAL RESEARCH A	DEPARTMENT OF HEALTH ND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH	07784
M	DALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE ARYLAND b. COUNTY	BALTIMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE LIFE	SCITY OR TOWN (If outside corporate limits, write RU BALTIMORE	
X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 15 BLENHEIM ROAD	1 215 BLENNEIM RO	e. IS RESIDENCE ON A FARM? YES NO
	S. NAME OF DECEASED (Type or print) ED (TH Aiddle (Sa)	SAUER 4. DATE OF DEATH FOR	ly 8 19 6
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		IF ANDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BALTIMORE	12. CITIZEN OF WHAT COUNTRY
	JAMES WATT	14. MOTHER'S MAIDEN NAME unknown	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	REGEORGE E. SAUER SR. 218AU	TIZ, MD RD
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brownia Carci Conditions, if any which gove rise to immediate couse (o), stoting the under- lying couse lost. [c] Calus Carcina	nomatosis sura right figuer sigmoil colon	ONSET AND DEATH
C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		IN IN PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stot
	21. I certify that (I) (this haspital) attended the deceased frames saw the deceased alive an	-24A	, 19 <u>60</u> , that (I) (we) la d an the date stated above
	220. SIGNATURE DAM Barnaly 22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS	22b, DATE SIGNE
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR. EREMATORY 23d_LOCATION (City, town, or	gcounty) AA (Stote)
0	ENTOMBMENT JULY 11, 1960 WOODL AWA	CEMETERY BALTIMORE	OULTY MARYLAND
6	HENRY W. VENKINS. & JOUSCO 4905 YORK KD. K	ALT L. DATE 12'60	Cotlar & Kases

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Hartord Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

(County)

Contact & Hanse

(Stote)

DATE SIGNED

ON A FARM?

YES NO DEX

1960

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THE RESERVE	Ann. Mark M. Selagar			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7806 CERTIFICATE OF DEATH

Reg. Dist/NZ 785

	o. county Baltimore	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE Maryland	deceased lived. If institution b. COUNTY	on: Residence before admission)		
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RL	IRAL and give nearest town)		
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE		
1	Stella Maris Hospice		710 E. 41st Street				
J	3. NAME OF First DECEASED (Type or print) Marv	Middle Jane		DATE Mont OF 7	Doy Year 21 19 60		
	5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Female White widow		11/17/1875	last birthdoy) yrs.	Months Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWLIE	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or fo Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Joseph Roston		Mary Jane	Cooney			
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or dates of service]	None 17. If	NFORMANT	Addre	255		
	1B. CAUSE OF DEATH [Enter only one couse per fine part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CO	Jakes Verios CONTRIBUTING TO DEATH BUT			20yes		
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part 1	ar Part II of item 18.)			
	20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 of world world with the control of th	Not while fac	ACE OF INJURY (Home, farm, 20 tory, street, office bldg., etc.)	Of. (City or town)	(Caunly) (State)		
	21. I certify that attended the decease alive on 10 420, 49 ACTUAL SIGNATURE Charles F. 01 Do	Donnell,		/	That I last saw the deceased and an the dote stated above. DATE/SIGNED		
	220 (BURIAL) CREMATION, 22b. DATE THEREOF 3 -60 23. (FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY-OF NEW CA	thedra (LOCATION (City, town of REGISTRAR 24b, REGIST	reanty) (State)		
	Lemont & Kuck.	5305 Hay	ford DATEJUL 2	2 '60 an	hun S. Kraua		

CROEATH HIARORO	PARTITION OF	
	I total	

moy be re TO HOSP

VR A15 (4) 15M 9/59

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*3 MARYLAND STATE DEPARTMENT OF HEALTH PHISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

	CERTIFICA	IL OI DEATH			1787
1. PLACE OF DEATH o. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Whe	b. COL		efare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) FORT HOWARD	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our BATTTMORE	atside carporate limits, w	rite RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION VETTERANS ADMINISTRATION H	OSPTTAL	d. STREET ADDRESS 3716 TOWAND	A AVENUE		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) RALPH	Middle M.	SCHAPIRO	4. DATE OF DEATH	Manth JULY	8 19 60
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y		AR IF UNDER 24 HRS
MALE WHITE WIDOWE		JANUARY 3, 18	/	yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)					OF WHAT COUNTRY?
MATL CARRIER (RETTRED) U.	S. POSTAL SERV	14. MOTHER'S MAIDEN N		نم ال	S.A.
SOLOMON I. SCHAPIRO		I-DA	7		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	NFORMANT		Address	7
YES (If yes, give war or dates of service)	7-40-3002	CLIN REC VAH	BALTIMORE M	D FT HOW	ARD DIVISION
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (c)	TROCYTOMA				NSET AND DEATH
Z PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	nal disease condition	4 GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	art I ar Part II af item 18	3.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While at work	Nat while fa	ACE OF INJURY (Hame, form, ictory, street, office bldg., etc.)		(Coun	nty) (State)
21. I certify that (A (this haspital) attends sow the deceased alive on JUTIN 8 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	19_60 , and that a	M.D. ATTENDING ME DIR 72d. ADDRESS	M, from the cause		that \$0 (we) lost ote stated above. 22b. DATE SIGNED 7-8-60
PHILIP J. JENSEN			MORE 18 MD-		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 7/10/60-	BOBROISKER BI	ENIFICIAL	BALTIMORE	MARYLAN	(State)
24. FUNERAL DIRECTOR'S SIGNATURE SOL LEVINSON & BROS INC BA	10 REISTERSTO	NN RD 250. REC'D	1 0 100	Orthur S. T.	

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HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH ()7788 AND RECORDS, Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S 7808

1.	PLACE OF DEATH		11111		2. USUAL RESIDE	NCE (Where de	ecaesed lived, If	institution: Resi	denca befor	admission)
	a. COUNTY	altimore		MARYLAND	e. STATE Max	ryland	b. COUN	TY /	Sa Ph	
_	b. CITY OR TOWN (if	outside corporate limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corp	orete limits, write	RURAL end g	ive nearest t	own)
	Baltimore	77			X Bal	timore	6			
	d. NAME OF HOSPITA	AL OR INSTITUTION (if not in hos	oitel, give street address)	d. STREET ADDRES					RESIDENCE NA FARM?
		artin Span				Hawthor	ne Road			□ 0N □
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Day Y	ear
	(Type or print)	JOS		GEORGE	SELESKY	DEATH	July	7	27 1	960
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In yeers	-		ER 24 HRS.
	Male	White	WIDOWE	DIVORCED	Jan. 3.	1939	last birthday) 21 yrs.	Months Day	ys Hours	Min.
10	a. USUAL OCCUPATIO	ON (Give kind of world	10b. KI	ND OF BUSINESS OR INDUST		ete or foreign co	untry)	12. CITIZE	N OF WHA	COUNTRY?
ac	Pipe Fit		200	.Match Co.	Alligo	n. Penn	19 .	U.S	Δ.	
13	. FATHER'S NAME	001	1 27/7	112 0011 00 .	14. MOTHER'S MAID		ICL 6	1 0 . 5		
	T	acarb Cas	S	al aglere	Casas N		F=0.6			
15		o seph Geo		SOCIAL SECURITY NO. 17.	Grace N	емеощет	Addrass			
JY.	es, no, or unkown) (If)	resgiva wer or dates of s	ervice)							
1	the second secon	U.S.A.R.		7 7 0 1 1 1 1						
				ne for (a), (b), end (c).]					ONSET AN	
	PAKI I. DEATH	WAS CAUSED BY:	Multi	ple fractures	of skull,	trunk an	d extre	nities		
	813	SCHOOL SERVICE	y wit	h massive inte	amal infur	ies and	hemorrh	270		
	Conditions, if any	A land	E 11-1-	WI MERCENTAG TITO	or river	LCD dilu	1101001 1110	-60		
	gava risa to immedia	ta causa								
	(a), steting tha un-	darlying DUE TO								
	causa lest.) (c)								
O	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	'EN IN PART 1(a		AUTOPSY FORMED?
EA.								40000	YES X	NO
Ĕ	2De. EXTERNAL CA		Ob. DESCRI	BE HOW INJURY OCCURED.	Enter natura of injury in	Peri I or Peri II of	f ilam 18.) D	river o	f auto	in
CERTIFICATION	PRIMARY OF CONCAUSE OF DEATH.		auto-t	ruck collision	n, thrown ou	it of ca	r and ru	m over	by an	other
3	2Dc. TIME OF INJUR		ar 20d. I	NJURY OCCURRED 200, PL			y or town)	(County)		(State)
MEDICAL	6:43 xx	7/27,0	60 While	Not White tac	tory, streat, office bldg.,	oic.)		Balti	more	Md.
~				ains described above, he	- Capital	Inspection	, Inquir	v П. а	nd in my	opinion
	death resulted fr		- In-		ide , Homicid		determined m			ориноп
	death resulted if	OIII: INGIUIGI C	1	Accident , Suit		_				
			19/	7/1/10		AL EXAMINER _				
	ACTUAL SIGNATURE		110	City	M.D. ASSISTANT M	SEDICAL EXAMIN	IER X		DATE S	
à.	EXAMINER'S		-			CAL EXAMINER			1/	27/60
,	NAME (Type)		Bradl	ey King, Jr.,	M.D. Address (Stree	et, city, town, or	county)			
220	REMOVAL (Specify)	N, 226. DATE THERE	OF	22c. NAME OF CEMETERY O	RCREMATORY	22d. LOCAT	TION (City, town	, or country)	(S	leta)
	Karrio (res (op sell))	7-28-	60	Lafayette	Memorial	THE X	MICK	1/01/	43	
23	. FUNERAL DIRECTOR		,	ADDRESS		REC'D BY REGIST	RAR 24b. REG	STRAR'S SION	ATURE	
	(1) K	2 NI	201	Pr. Paul	11	AUG 1	'60	P		
	4/12	VOIT TUI	10121	100111 e K	=/timapase	RACE		Collina	9 60	

or its designated agent, prior to burial, cremation, or removal, and incomy VS. A15ME 5M 7/59

policienta has been a fine to assure to brintel end the at the salment Directly of the without the muso-british acidiaton, thrown one of car and run over by impuner when the large large were were

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	7676 Item 6 FilmG267 7 28 60 CERTIFICATE OF DEATH Reg.	Dist. No. 07789
1.	PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residue. STATE VERTH CARLING.) B. COUNTY B. CO	dence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give negrest town) 1048 1048 1048	nd give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A COST COST ADDRESS Additax	o. IS RESIDENCE ON A FARM? YES NO
	OF THE OF THE	Day Year 22 1960
	No Negro WIDOWED DIVORCED MARCH 15 1865 95 yrs. 4	
	Jan 108 COURT HOUSE GVARNEN, Va	CITIZEN OF WHAT COUNTRY?
L	SIMON Pugh SUSAN?	
	No (It yes, give war or doras of service) NONC Sysie Leak 1125 N. Strick	ren 87, Battory
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Remia	INTERVAL BETWEEN ONSET AND BEATH
	Conditions, if any, which (b) NephriTis	24/15
7	lying couse lost. DUE TO PARLY MONIQ & SON 1/1 Ty	6 days
IL.		PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
AL CERTI		
MEDIC	Haur o. m. p. m. 19 While Not while of wark	(County) (Stote)
	alive an July 22, 1960, and that death accurred at 8 K. M. from the causes and ar	
	ACTUAL SIGNATURE Mellian C, Stado M.D. 140 Quk Ave.	Lyly 22 1960
	PHYSICIAN'S William C. Wade M.D. Dundalk 22, md	7
22	Burial 7-26-60 New Cemetery Halifay,	N.C.
7	Nm. A. Jackson Funeral Home DATE III 25'60 and	a S. Kranie
	3. 5. 100 13. 15.(Y)	1. PLACE OF DEATH O. COUNTY D. COUNTY D. COUNTY D. C. LENGTH OF STAY IN 16 D. STATE OF IOWN, (If ownholds cooppools limits, write RURAL of the County of

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

	JE OF DEATH.	ADMINED	
		Dekamen	
A SALTIN			F. Balling
	Ser District		
	15.5.2.2.1312.4.		
			March and March to March 1988 (March 1988) (
			part and a sec
The second second section (1997) and the second sec			Southern County (Street 18)
SATE AND THE SECOND			La September
		Smiles well at the	
			The Part of the Pa

MARY AND STATE DEPARTMENT OF HERITAGES STATE OF A TYPE

ADDRESS

240. REC'D BY REGISTRAR

FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

1SM 10/57

e. IS RESIDENCE

Day

ON A FARM?

YES NO

Year

19

WAS AUTOPSY PERFORMED?

YES NO F

(State)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

without S. Thousa

Hours

Table 10 person	HTARE TO S		
		Typical management of the property of the prop	

TO FUNERAL

Buria

23. FUNERAL DIRECTOR'S SIGNATURE

Oak Lawn Cemetery Co. Maryland **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 12'60 Cirilar S. Firms Dundalk 22, Md.

Rea. Dist. No

Months

USA

Bayside

(County)

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN ONSET AND DEATH

"Softeta, 2.1)

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM? YES NO

Year

1%0

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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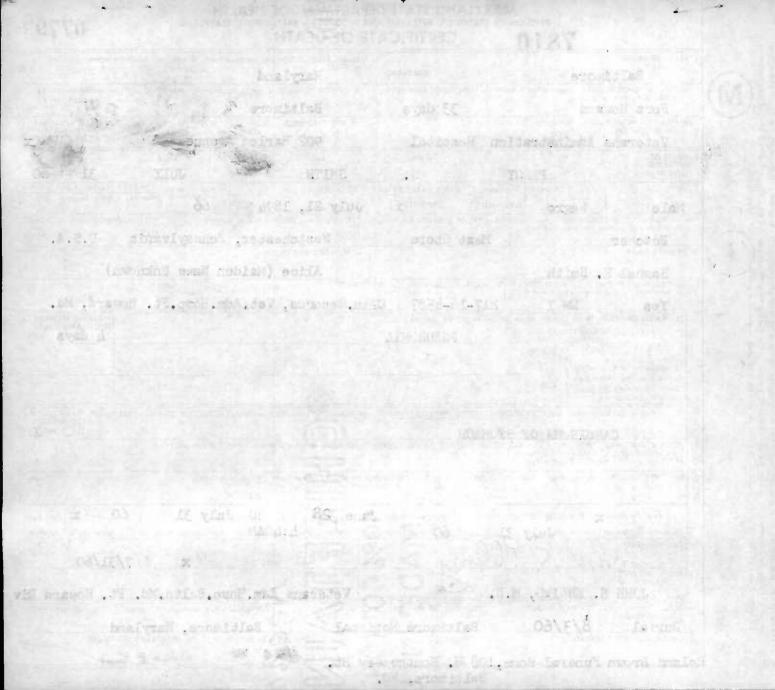
CERTIFICATE OF DEATH 7800

0	78	0.9	CERT	ITIC/	AIE OF DEAII			Reg. D	ist. No.		
DE PLACE OF DEATH	altimore		MAR	YLAND	2. USUAL RESIDENCE (WI	here decease y land		on: Reside Balt	nce befo	re odmiss	sion)
b. CITY OR TOWN RURAL and give r	(If autside corporate limitegrest tawn)	ts, write	c. LENGTH OF STAY	IN 16		hervi	ille		give nec	arest tawr	n)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g 1422 Bur				d. STREET ADDRESS	2 Bui	cton Ave			e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	HOWARI		Middle W e	S	laymaker	4. DATE OF DEATH	July 3	Ľ,19	60 D o	,	Year 19
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRTH Dec. 30,192	4	9. AGE (In years last birthday) 35 yrs.	Months	Doys	Haurs	ER 24 HRS. Min.
during most of wo Machine	ON (Give kind of work rking life, even if retired OPERATOI	ane 10b. B1	kind of Business of Lack and	Dec Dec	stry II. BIRTHPLACE (Stote Hier Pennsy	or foreign of	iountry)	12. C	TIZEN C		COUNTRY
	liam A. Sl				14. MOTHER'S MAIDEN : Esther		i				
15. WAS DECEASEDEV (Yes. no. or unknown) YES	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. prvice)	SOCIAL SECURITY NO		nformant na J. Slaym	aker.	-1422 Bi		n Av	/e.L	uth.
Canditions, if a gave rise to cause (a), stating lying cause last. PART II. OT	the under-)	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY ORMED?
U (IF EITHER, NOTIF	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in	Part I ar Pai	t II of item 1B.)				NO 🛮
ZOc. TIME OF INJU Haur a. ft. p. m.	RY Manth, Day, Ye	20d. It While at warl	Not while	20e. Pl fo	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	n, 20f. (Cit	y ar tawn)		(Caunty)		(State)
21. I certify to alive on	MILLIAM	decease , 19 lc A.		death		4.M. from	m the causes of treet, city or town,	and on		te state	
220. BURIAL CREMATION REMOVAL (Specify BUT 1 & 1	8/4/60	F	Dulaney		r crematory ley Gardens	22d. LOCA Tim	tion (city, town, onium, Ma	aryl	and	(Stat	e)
23. FUNERAL DIRECTOR	r's signature -Towson, II	nc.Yo	ADDRESS ork Rd.To	OWSC		D BY REGIS		STRAR'S SI	0 10		

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			15.72			
		in figures		78963A		

TO HOSP! VR A1S (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY Balt	imore		MARYLAND	o. STATE	ENCE (Where de		f institution: Re COUNTY	esidence befo	ore admission)
b. CITY OR TOWN RURAL ond give r Fort Ho		its, write	c. LENGTH OF STAY IN 16		OWN (If outside	corporate limit	s, write RURAL	ond give ne	arest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (tf not in hospitat,		oddress)	d. STREET A	DDRESS			1	e. IS RESTDENC
Veterar	ns Administr	ation	Hospital	90	02 Harle		e		YES NO
3. NAME OF DECEASED (Type or print)		rst R CY	Middle S.	SMIT	0	ATE F EATH	Month	De	31 19 60
5. SEX	-		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years IF U		R IF UNDER 24 H
Male	Negro	WIDOW	ED DIVORCED	July 2	1. 1894	lost b	rthdoy) Mor	nths Doys	Hours Mir
10a. USUAL OCCUPATI		done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPL	ACE (State or fore	eign country)	y 1:	2. CITIZEN O	F WHAT COUNT
Butcher			Meat Store	We	stcheste	r. Penn	sylvan	ia	U.S.A.
13. FATHER'S NAME	310		21040 00010		MAIDEN NAME	.,			00000
	H. Smith				lice (Ma	iden Na		nown)	
Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give wor or dates of	service)		INFORMANT			Address		FIRE
Yes	WWI	2	17-16-4587	Clin.Reco	ds, Vet	.Adm. Ho	sp.Ft.	Howar	d, Md.
18. CAUSE OF DE	ATH [Enter only one c	ouse per li	ne for (o), (b), and (c).]					INT	TERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	_\	PNEUMONIA						SET AND DEAT
493	DUE TO		THEOTIONEA						
Conditions, if		0)							
	gove rise to immediate Couse (a), stating the under-								
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
OF COMMENT			_	THO TREDIED TO	THE TERMINANE D	ISEASE COINDI	HOIT OFFEIT	177111 1(0)	PERFORMED?
3	CARCINOMA O						12.		YES NO
OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	ED, (Enter noture o	injury in Port I	or Port II of ite	m 1B.) ^		
20c. TIME OF INJU Hour o. m.	IRY Month, Doy, Ye	While	Not while f	PLACE OF INJURY (I octory, street, office		. (City or town)		(County)) (Ste
			9 9	T 200	(0	. Te-7	27	60	900
			ded the deceased from						1 / 1 /
	ased alive and man	y 31	19_60 and that	death occurred	ant: HONIA	ram the ca	uses and or	n the date	
220. SIGNATURE	1), 1	90	1	ATTENIDING	MED	CTACC			22b. DATE
1	un 1	(ld	Jung.	M.D. PHYS.	MED.	R STAFF		7/31	/60
22c. PHYSICIAN'S NAME Type				22d. ADDRE	SS				
JOHN	K. EBLING.	MD		Veter	ene Adm	Hogo B	alto Ma	F4-	Howard
230. BUNAL CREMATI			23c. NAME OF CEMETERY			LOCATION (Cit			
REMOVAL (Specify									(Stote)
Burial	8/3/60		Baltimore Na	tional		altimor	e, Mary	rland	
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25a. REC'D BY	REGISTRAR 2	Sb. REGISTRAI	R'S SIGNATU	JRE
Rolland Brown	m Funeral I	Iome '	108 W. Montgo	emr St.	DATE	160	Bestline .	" Krase	
NAME OF THE OWN		A CHIEF &			- 4				
			Baltimore, Mo	6					



MARYLAND STATE DEPARTMENT OF HEALTH

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be emation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions-Residence before admission) e. COUNTY G. STATE b. COUNTY MARYLAND burial, Page b. CITY OR TOWN (Il out c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sireet address) d. STREET ADDRESS e. IS RESIDENCE registror prior ON A FARM? YES NO OY 3. NAME OF First Middle DATE Lost YOUR Month Year DECEASED OF 60 (Type or print) DEATH 19 01 for 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH FUNDER TYEAR B. IF UNDER 24 HRS. the Months Days Hours Min. WIDOWED | DIVORCED D 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and puo 13. FATHER'S NAME MOTHER'S MAIDEN NAME Pages 10 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, on unknown) yes, give wor or dates of service) Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) e olong with fo o burial-transit DUE TO Canditions, If any, which gove rise to immediate couse DUE TO (o), stoting the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 00 PERFORMED? pending used NO IT YES | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) Exom 3 should Ward 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Medical While cs. 100 . Not while writing the at work p. m. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and find that Chief crworded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes 1 1. Accident | Suicide 2 Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER removo **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Slote) REMOVAL (Specify) 0 28. FUNERAL DIRECTORS SIGNATURE 2/o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) JUL 27 '60 arthur S. Kraus DATE 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/5B

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1.	PLACE OF DEATH	IMORE		MARYI	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY						
	RURAL and give ne	outside corporate limi orest town) WARD	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE						
	. NAME OF HOSPIT	AL (If not in hospital, g	give street	address)		d. STREET ADDRES					SIDENCE	
1	VETERANS	S ADMINISTR	RATIO	N HOSPTTAL		113 W	ELCOME A	ALLEY			A FARM?	
	NAME OF DECEASED (Type or print)	JOHN JOHN		Middle R		STRANCE	4. DATE OF DEATH	Mor		Doy 13	Yeor 1960	
5. 5	MALE	6. COLOR OR RACE		RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS	
			WIDOW			OCTOBER 3,	1889	70.				
100	during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLACE (State or toreign	countr _{>} ,		EN OF WHAT	COUNTRY	
13.	LABORE FATHER'S NAME	?		RAILROAD		RTCHM	OND VIRO	INIA	U.	S.A.		
	THOMAS	STRANGE				MAGGT	E CLARK					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT	D OLKILLI.	Add	Iress		-	
(10	YES	If yes, give war or dates of s		12 09 3901	CL	IN REC. VA	H BALTO	18. MD F	T HOWA	RD DTV	ISION	
	1B. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTERVAL B		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	RE	NAL INSUFFI	ECHEN	CY				UNKNO		
	Conditions, if or gave rise to le cause (a), stating	mmediate (CA	RCINOMA OF	PROS	TATE WITH	REMOTE	METASTASE	S	UNKNO	WN	
	lying cause lost.	(c	:)(:									
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?											
FICATION	CEREBR	AL ARTERIO	CLER	OSIS							NO	
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)											
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Ye	ar 20d. II While at wor	Not while		E OF INJURY (Home, ory, street, office bldg		y or town)	(Co	ounty)	(State)	
		t (X (this hospito ed olive an JU		ded the deceosed		ILY 2 2	2060, ta_			O, that (M)		
	22a. SIGNATURE	OR(0	M	ATTENDING	MED. DIRECTOR	STAFFV_	io on the		2b.DATE SIGNED	
3	22c. PHYSICIAN'S NAME (Type)	C. B. COPI	ego.	,	M.D.	22d. ADDRESS VAH BALT			דת תפאי	VITETON		
72	DUBLAL CREWATER			Too have or com-				- FT HOW				
230	BURIAL CREMATIO REMOVAL (Specify) BURIAL	7/18/60		BALTIMORE		IONAL		THORE MA	or county)	(Sto	rte)	
24.	FUNERAL DIRECTOR	S SIGNATURE	108 W	MONPEOMERY	ST	25a.	REC'D BY REGIS	TRAR 25b. REG	STRAR'S SIGN	NATURE	31137	
IS	ALAH L BRO	OWN & SON	BALT	IMORE MARYI	AND	DAT	JUL 19	60	ring L.	Thomas		

may be rescined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 spould be filed with the State Baard of Health priar to burial, crematian, ar remaval, and incompress, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A15 (4) 15M 9/59

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				CONTRACT OF THE PARTY OF THE PA
No. of the Party o			IMOL VENEZA PARTER	
	(60.1)		CHO.	
	APRIENTY CHARGOTT			
	Thirtie Stroomi			
BOLKSTARI A. APOLIS				
		C. C. ATSIGNAD		
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		15 16 7611	W. Carlotte	
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	AND THE RESERVE OF THE STATE OF	SINTER AND DOLLAR ON HISTORY MANAGEMENT OF A	7.11.7	T PATRICE.

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and by the haspital or otherwise and provided by the haspital or otherwise and by the haspital or otherwise and the haspital o	(AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed WITH.	Constant of the last
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7815 CERTIFICATE OF DEATH Reg. Dist. No. 770
1. PLACE OF PEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE Md. b. COUNTY Balto
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Woodlawn
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Forest Haven Nursing Home d. STREET ADDRESS ON A FA YES D N
3. NAME OF DECEASED Month Doy Yeo (Type or print) Dora Sutch Lost Death July 5 196
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 10st birthdoy) 9. AGE (In years If UNDER I YEAR IF UNDER 2 In years If UNDER I YEAR IF UNDER 2 If UNDER 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 10 Maryland U.S.A.
13. FATHER'S NAME George Clingman 14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT , Address no unknown) (It yes, give wer or dotes of service) none Nrs.Irene Bartell 6734Windsor Mill .
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART I. DEATH WAS CAUSED BY: IMMEDIATE CA
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED While of work of
21. I certify that I attended the deceased fram., 1960, to 1960, that I last saw the de alive an 1960, and that death accurred at 1960, from the causes and an the date stated
ACTUAL SIGNATURE M.D. SSUC EDITION STORES (Street, city or town, stote) ACTUAL SIGNATURE M.D. SSUC EDITION TO THE STORES (Street, city or town, stote)
PHYSICIAN'S NAME (Type) / U / A / S / D / D / B / B / B / B / B / B / B / B
Burial July 8,1960 Mt. Olive Randallstown Md.
John T. Stansbury 6411 Windson Nin Rd. Date JUL 7 '60 Callun & Krana

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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- to		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
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P A		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find the
Chie	2	death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause
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MARYLAND STATE DEPARTMENT OF HEALTH

POLYISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	ALTIMORE		MARYL	AND	2. USUAL RE o. STATE	SIDENCE (WI	here decease	d lived. If in b. COI		Bal		re admiss	ion)
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3.	NAME OF DECEASED	Fir	st	Middle		L	ast	4. DATE OF		Mani	h	Do	у `	Yeor
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7821 **CERTIFICATE OF DEATH**

Reg. Dist. No. 804

1. PLACE OF DEATH a. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESI	Mary		lived. If instituti b. COUNTY	13	nce before		sian)
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3. NAME OF DECEASED (Type or print)	Mr. Paul		• Middle	ė	Tols		4. DATE OF DEATH	· SUL7		26	•	Year 1960
s. sex male	6. COLOR OR RACE White	7. MARRIE	DENEVER MARR		DOTI	7-10	911	AGE (In years last birthday) yrs.	Months Months	Days	Hours	ER 24 HRS. Min.
during most of wor	ON (Give kind of wark king life, even if retired CS . R . E .	1	IND OF BUSINESS (OR INDUS		Land	or foreign co	untry)	12. CIT	US!		COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Robert	G. Tolson				Edit	h Wiel	land					
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FOR Ilf yes, give wor or dates of s		OCIAL SECURITY NO	o. Mrs	G. Ceci	lia H	. Tols	on 173	Dumba	rtor	n Roa	ad
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OR CONTRIBUTING	MEDICAL EXAMINER)											
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21. I certify the alive an	July 74		d fram	t death	,	235 A	M, from t		d an th		stated	
BURIAL, CREMATIC REMOVAL (Specify	1/28/	50	22c. NAME OF CEN	AETERY OR	CREMATORY WM		B	ON (City, town,	MOI	203	(Stai	2/
23. FUNERAL DIRECTOR	rs signaturé /	305 Ha	address rford Roa	.d #11	1	24a. REC'I	JUL 2 8		STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. necessary, please estar. Page 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND buriol, b. CITY OR TOWN III out write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corperate limits, write RURAL and give negrest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS prior files. registrar NAME OF DATE First Middle for your DECEASED OF DEATH (Type or print) AGE IN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR Months Days WIDOWED [DIVORCED 3 to LEVALOCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working lite, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _` 24 ht. Poges 1, executed within 24 ho in Item 18. Give Pages ith form PM3. Page 5 S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO l in It Canditions, if any, which pencil along w burial-t gove rise to immediate cause DUE TO (o), stoting the underlying cause lost. pending' in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17, WAS AUTOPSY 00 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar Iown) (County) writing the white Medical base 3 sh foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that hook charge of the remains described above, held an Autopsy Inspection 4 triquiry and find that to the Chief death resulted from: Natural causes 4. Accident Suicide 1 Homicide Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type 220. BURIAL, CREMATION, 224 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 160 23. FUNERAL DIRECTOR'S SENATURE ADDRESS 246. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR

DATE 1111 2 2 '60

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7625 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Delt.imore MARYLAND Baltob. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) Halethorne Halethorne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO' NAME OF First Middle DATE Last Month Day Year DECEASED (Type or print) DEATH 17.1960 19 Alphonsus Hhl horn Tral Tr 5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. last birthday) Hours WIDOWED: DIVORCED T Thite 11270 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Joseph A. Uhlhorn. 5529 Council St. Arbutus 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Acute concestive heart disease IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which Hypertensive cardio vascular discase gave rise la immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO [20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d, INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) While Not while g. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection I, Inquiry I, and find that death resulted fram: Natural causes Accident . Suicide], Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) July 17,1960 220- BURIAL CREMATION, 1226, DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d/tOCATION (City, town, or county) (Stole) REMOVAL (Specify)

ADDRESS

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VS. A15ME(5) 5M 9/55

FUNERAL DIRECTOR'S SIGNATURE

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THE RESERVOIR CO. SEC. SEC. OF			P

TO HOSPIT

VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7823

CERTIFICATE OF DEATH

07807

Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY	Baltimore		MAR	rland	2. USUAL RESIDENCE (W	here deceased land	lived. If institution b. COUNTY	n: Residenc	e before o	admission)
b. CITY OR TOWN (If RURAL and give near Catons	rest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside carpo	rote limits, write R	JRAL ond gi	ive neares	town)
d. NAME OF HOSPITA OR INSTITUTION SPRING GRE	L (If not in hospitot, gi		oddress) SPITAL		d. STREET ADDRESS	nkirk	Road			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	fin Wlac	lysla	Middle		Victor	4. DATE OF DEATH	Mani	h	Doy 3	Year 19 6 0
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years	-		UNDER 24 HRS.
male		WIDOWI			June 27. 18	373	87 yrs.	Manths	Days H	laurs Min.
coat press	ng life, even if refired)	lane 10b.	KIND OF BUSINESS O		TRY 11. BIRTHPLACE (Stor	and	ountry)		ZEN OF V	WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Unknown					Unkno	own				
15. WAS DECEASED EVER (Yes. no or unknown) unknown	IN U. S. ARMED FORC yes, give war or dates of se		SOCIAL SECURITY NO. LI-18-2803		cords: SPR	ING GR	OVE STA		OSPIT	AL
Canditians, if an gave rise to im cause (a), stating th lying cause last.	mediate DUE TO	0			d arter					
& Elevouic	· brain.	Lege	co 2 orus	as	1026. LOTE C	ceuch	e (arte	ries le	F	WAS AUTOPSY PERFORMED?
	CAUSE OF DEATH I	20b/ DES	CRIBE HOW INJURY C	CCURRED). (Enter nature of injury in	Part I ar Part	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	r 20d. It While at war	NJURY OCCURRED Nat while at wark	20e. PLA foc	CE OF INJURY (Home, far tary, street, affice bldg., et	m, 20f. (City	or town)	(Co	ounty)	(State)
21. I certify the olive on	Lattended the	deceas 196 Qa RA	ed Hom.		occurred of 1:00 SPRING Catons		the couses a reet, city or town, s	nd on th		the deceased stated above. DATE SIGNED 7/3/60
220. BURIAL, CREMATION REMOVAL (Specify) Buri.al	7.7.60	F	Holy Cr				to Md.	r caunty)		(State)
23. FUNERAL DIRECTOR'S	Lichene	+ Y	Sous - Si	alt	240. REC	JUL 5	2020	TRAR'S SIG	28 5	us

CERTIFICATE OF DEATHS. Property Vision

ofter death. Page 4

TO HOSPICATE DRATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 by moy be reserved by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removol, and in any execut, within 72 hours after death.	that the death certificate be executed within 24	by the attending physician and completely filled	t. Then please remave carbon papers. Pages 1	ol, and in any eyent within 72 hours after death.
TO HOS moy b TO FUN page the Ste	TO HOSPILED OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h	TO FUNERAL DIRECTOR: After this certificate has been signed to	93. page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1	the State Board of Health prior to burial, cremation, ar remavol, and in any eyeat within 72 hours after death.

	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 show	i	0	K
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1. PLACE OF DEATH	imore	MARYLAND	2. USUAL RESIDENCE (W	here deceased	d lived. If instituti b. COUNTY	on: Residence Baltin	e before adn	nission)
	If outside corporate limits, wr	c. LENGTH OF STAY IN 1b 2 weeks	c. CITY OR TOWN (IF Woodlawn	outside corpo	rote limits, write F	RURAL ond gi	ve nearest to	own)
d. NAME OF HOSPI OR INSTITUTION HOUSE IN	TAL (If not in haspital, give st -The-Pines	reet address)	d. STREET ADDRESS Dogwood F	Road			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Margaret Margaret	Middle E. Wahau	Last	4. DATE OF DEATH	Mo: 7	1th	Day 7	Yeor 19 60
s. sex Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7-23-1869		9. AGE (In years last birthdoy) 90 yrs.		YEAR IF UN	NDER 24 HRS.
10a. USUAL OCCUPATION during most of wor Housewi	king life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		ountry)	12.CITIZ	EN OF WHA	T COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
George Ge	ettings		Anna D.Yea	adaker				
1S. WAS DECEASED EVE	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Add	ress		
(18s. No. of onknown)	(it yes, give war at agies of service)	Mis	s Margaret Wa	ahaus	Dogwood	Rd; Woo	odlawn	, Md
	ATH [Enter only one cause path was Caused By: IMMEDIATE CAUSE (a) DUE TO	per line for (o), (b), and (c).]	dial Discon	gree and	ration			BETWEEN ND DEATH
Conditions, if c gove rise to i couse (o), stoting lying couse lost.	immediate (20 Hylletonson	Cardyo-Proch	rolder Ko	med Des	renal	13	320
3 Fran	7 7 7 15	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W/ PEI YES	REORMEDA
200. ACCIDENT W. OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	Sur Liber nature of injury in		t II of item 1B.)			
Y 20c. TIME OF INJUI	5 12 KA W	0d. INJURY OCCURRED /hile Not while fa	ACE OF INJURY (Home, for ictory, street, affice bldg., et	m, 20f. (City	or town)	7. Bu	ounty)	(State)
	1111	tended the deceased from.		960 , to_	7 - 17) (we) last
22a. SIGNATURE	23/1	MAY?	M.D. ATTENDING	MED.	STAFF PHYS.	na on me	7.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Whyer Ko G	allager, M.L	12 6209 Fire	erist	Ave, E	3217-	28,1	114.
23a. BURIAL, CREMATIC			DR CREMATORY		TION (City, town, timore Co		arylan	State)
FUNERAL DIRECTOR	R'S SIGNATURE	- 2 ADDRESS	h/1/1	C'D BY REGIST		ISTRAR'S SIG	4 -	

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TO HOSPI

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH						1 1 0 11		
BALTI	MODE		MARYLAND	2. USUAL RESIDENCE (V g. STATE MARYTA		d. It institution: Reside b. COUNTY	ence befare admission	on)
	f outside carporote limi	its, write	c. LENGTH OF STAY IN 18			imits, write RURAL onc	give nearest town)	
FT HOW			2 days	BATT	TMORE	31	01-4	
	AL (If nat in haspital, g	give street o		d. STREET ADDRESS			e. IS RESII ON A	FARM?
VETERANS	ADMINISTR	ATION	HOSPITAL	3515	Oakmont	Ave	YES 🗌	NO TY
3. NAME OF DECEASED	Fir	rst	Middle	Last	4. DATE OF	Month	Day Y	ear
(Type or print)	BE	NJAMI	N C.	WALKER	DEATH	JUIN	31 1	9 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. At	GE (In years IF UNDE st birthday) Manths	R 1 YEAR IF UNDER	24 HRS. Min.
Male	White	WIDOWE	DIVORCED	April 6, 18		88 yrs. Marins	Doys Hours	MIII.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Sta	te or foreign cauntry	r) 12.CI	TIZEN OF WHAT CO	DUNTRY?
Salesm			Store (Depart	ment) Virgin	ก่ล		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Henry C.	Welker			Mangar	et Dought	**		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	60 DOGENIO	Address		
	(If yes, give war or dates of a			Dia Dancida U	at Adm II.		A THE STATE	
Yes	SPA AMERI			lin Records, V	et. Adm Ho	sprear ro	INTERVAL BET	
	TH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]				ONSET AND	
PARI I. DEA	IMMEDIATE CAUSE (c	PU	IMONARY EDEM				UNKNOW	N_
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gove rise to i cause (a), stating lying cause last.	ny, which (b) (b) mmediate the under-	s)		C HEART DISEA		ndition given in Pa	ART 1(a) 19. WAS A PERFOR	UTOPSY MED?
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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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a. COUNTY BA	LTIMORE	MARYLANI	O. STATE MATOR	LAND b. COUNTY	on: Residence Delore domission)
b. CITY OR TOWN RURAL ond give r FORT HOW	If outside corporate limits, wri earest tawn) IARD	c. LENGTH OF STAY IN 11 7 Hours 20 M		If outside corporate limits, write RI	JRAL and give nearest town)
OR INSTITUTION	TAL (If nat in haspital, give str S ADMINISTRATI		d. STREET ADDRESS	+ Wichita Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last WARD	4. DATE Mont	Doy Year 18 19 60
5. SEX	6. COLOR OR RACE 7. M	ARRIED MEVER MARRIED DIVORCED	B. DATE OF BIRTH April 9 180	9. AGE (In years lost birthdoy) 70 yrs.	Months Days Hours Min.
		Ob. KIND OF BUSINESS OR IN	1 2 2		12. CITIZEN OF WHAT COUNTRY?
during most of wo	king life, even if retired)	Retired		n, Virginia	U. S. A
Shipping 13. FATHER'S NAME	CTELY	He orien	14. MOTHER'S MAIDE		
James War	nd		Florence	Grav	
5. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	, INFORMANT	Addr	ess
Yes, no, or unknown)	(If yes, give wor or dates of service)	217-01-7152	Clin. Rec. VA	H Balto 18, Md F	t Howard Division
	ATH Enter only one cause po				INTERVAL PETWEEN
PART I. DE	ATH WAS CAUSED BY:	BRONCHOPNEUMONI	A LEFT LOWER	LOBE	ONSET AND DEATH
47	DUE TO	01101101101101			
Conditions, if	any, which) (b)				
gove rise to couse (a), stating	immediate (-47-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
lying cause lost.	(c)				
PART II. OT					EN IN PART 1(a) 19. WAS AUTOPSY
Lympho	ma, abdominal	thoracic; Let	t ventricular	r hypertrophy &	dilatations NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury	in Port I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	W	d. INJURY OCCURRED 20e. hile Not while work 0t work	PLACE OF INJURY (Home, f factory, street, office bldg.,	etc.)	(County) (Stote)
21. I certify the	at (# (this haspital) att used alive an July 1	ended the deceased frame 8 19 60, and that		M from the causes on	d an the date stated abave.
22a. SIGNATURE	Vice	/ A	M.D. PHYS.	MED. STAFF PHYS.	22b. DATE 7/19/6
22c. PHYSICIAN S NAME (Type)	Mejano	TANOLICUT M D	22d. ADDRESS	ol8. MD FT HOWAI	D DIVISION
22 211214 (525447)	/- /	JANOWSKI, M.D.			
REMOVAL (Specify Burial	7-22-6	O Baltimore N		Baltimore, Ma	aryland
24. FUNERAL DIRECTOR		ADDRESS	25a. R		STRAR'S SIGNATURE
Come J. W.	livan ir 101	l Arlington Av	e Balto MdDATE	INL 22'60 ON	Chur S. Kraud

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

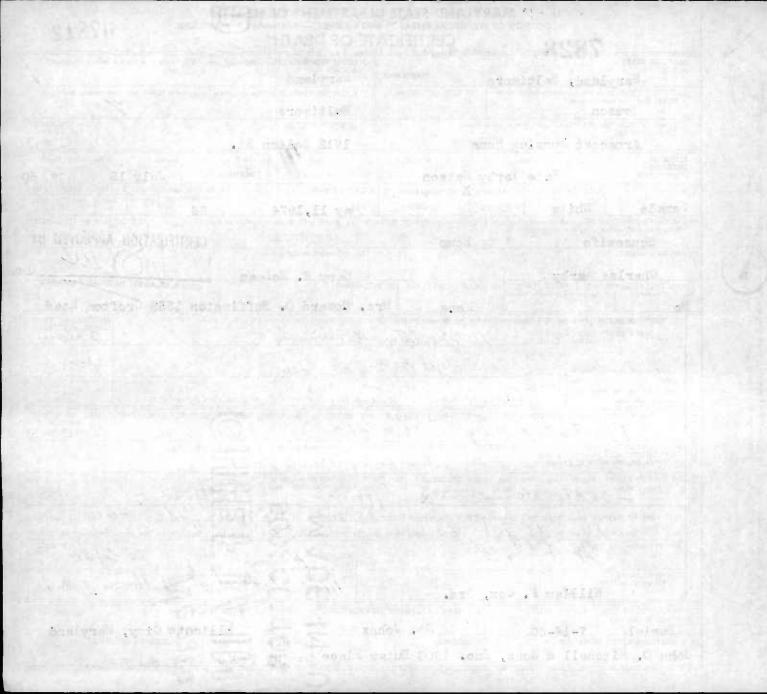
	1. PLACE OF DEATH o. COUNTY Baltimore		MARYLA		a. STATE Mary	Where deceased	d lived. If institution b. COUNTY	on: Residence	before odn	sission)
	b. CITY OR TOWN (If outside corporet RURAL and give negrest town) Caton sville	e limits, write	c. LENGTH OF STAY IN linth16dys	116	c. CITY OR TOWN (I		rote limits, write RI	JRAL and giv	re nearest to	wn)
	d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION SPRING GROVE STAT		et address) PTTAL		d. STREET ADDRESS 2411 Gar	rison I	Blvd.		ON	ESIDENCE A FARM?
1	3. NAME OF DECEASED (Type or print) Grace	First	Middle	Wa	Lost rfield	4. DATE OF DEATH	Man July		Day 8	Year 19 60
1	S. SEX 6. COLOR OR R	ACE 7. MA	RRIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		-
	female white	WIDO	WED DIVORCED [1874		86 yrs.	Months D	ays Hou	rs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired)							S. A.	T COUNTRY?	
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Unknown				Unknown					
1	1S. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give war or da			17, INFO	RMANT		Addr	3		
1	no		Unknown	Re	cords: SPF	RING G	ROVE STA	TE HO	SPITA	L
	Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT	(b) UE TO (c) CONDITIONS Gangrei	Arteriosclemo	H BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	PER	
		ATH VER)								
	20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	, Year 20d. Whi at w	le Nat while		E OF INJURY (Home, for ry, street, office bldg., o	etc.)	or town)		unty)	(State)
	Stella Wachs 22c. Physician's	July 1 dels ler, 1	1960 , and th	hat dec	ATTENDING PHYS.	MED. DIRECTOR SPRING	STAFF PHYS.	18 ₁₉ 60 d an the	date state 7-18- HOSPI	226. DATE SIGNED
	236. BURIAL CREMATION, 23b. DATE THE REMOVAL (Specify)	1-60	DRUID	ERY OR	REMATORY CONTRACTORY	23d. LOCA	TION (City, town, o		Md	late)
	24 FUNERAL DIRECTOR'S SIGNATURE)	cks	305 Han	rfo	1 1 19	JUL 21		strar's sign		

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	7898	T+	CERTIFIC	ATE OF DE	ATH) et		1161	0.01	~
1. PLACE OF DEATH o. COUNTY	vland. Balt	imore	MARYLAND	2. USUAL RESID	-	re deceased	lived. If institu b. COUNT		e before admi:	sion)
	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO		tside corpor	ote limits, write	RURAL ond g	ive nearest tow	n)
OR INSTITUTION	TAL (If not in hospitol, g			d. STREET AL	Bolton	n St.			ON	SIDENCE A FARM?
3. NAME OF	Fig		Middle	Last		4. DATE	M	onth	Day	Year
DECEASED (Type or print)		_	y Watson			OF DEATH		July 1	_ ′	19 60
S. SEX			IED A NEVER MARRIED	8. DATE OF BIRTH	1	1	9. AGE (In year lost birthdoy)	-	YEAR IF UND	
Female	White	WIDOWE	DIVORCED	May 11	.1874		86 yr		Days Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLA		r foreign co	100 100	12. CITI2	EN OF WHAT	1
Housev	rife		Home	-		4.4.5	CERTIF	ICALION	APPROVI	ED BY
13. FATHER'S NAME Charle				Mary	K. Mel		1	NO	(m	M. D
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR Ilf yes, give war or dates of s		SOCIAL SECURITY NO. 17.	INFORMANT			CHIEFA	MeASSI. M	EDICALEXA	WITH CAR.
No			None 1	Irs. Howar	d 0.	Buffin	gton 13	38 Cro	fton Ro	oad_
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	mmediote (Re	Hypostotic revalued as	terizzelor	ronia godis Balek	/ ' A	areoid	/	year year	DEATH
PART II. OT	HER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO DEATH B					SIVEN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	cribe HOW INJURY OCCUR	RED. (Enter, noture of	injury in Po	home	II of item 18.)			
20c. TIME OF INJUI Hour o. m.	Month, Doy, Ye	While	NJURY OCCURRED 20e. Not while of work	PLACE OF INJURY (Infoctory, street, office	lome, form, bldg., etc.)	20f. (City	or town)	, (C	ounty)	(Stote)
21. I certify the	1/	attend Ju	ed the deceased from		19 de la 19	M, from	15 June		chat (I) dote state	
220. SIGNATURE	m. F.C	043	A	M.D. ATTENDING		D. ECTOR [STAFF PHYS.	16		2b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	William F.	Cox	, 3rd.	22d ADDRE		Pan	1 St. 0	Ellim	~ 2, K	and.
23a. BURIAL, CREMATIC)F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	ION (City, town	, or county)	(Sto	ote)
REMOVAL (Specify	7-18-60		St. Jo	hns		E	llicott	City.	Maryla	nd
24. FUNERAL DIRECTOR	'S SIGNATURE	nns.	ADDRESS Inc. 1900 Eut			BY REGISTI	RAR 2Sb. REG	GISTRAR'S SIG	NATURE	
-OHII OF MI	COMPLET OF DE	2270 3	-1100 Du	an - Tare	DATE	18'6	0 0	Tething &	Krons	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1.	PLACE OF DEATH a. COUNTY	Baltimo	re	MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore								
	RURAL and give ne	f autside carporate lim forest tawn) rs Forge	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR T		autside carpo			JRAL ond	give ne	prest tawn)
		AL (If not in hospital, and 331 Ove						- D ON				FARM?		
	NAME OF DECEASED (Type ar print)		eresa	Mary Middle	W	atson		4. DATE OF DEATH		July		17	y ,	reor 60
5.	Female	6. COLOR OR RACE White	7. MARR	DIVORCED		B. DATE OF BIRTH	-	1869	9. AGE last	(In years birthday) 91 yrs.	IF UNDE Manths		Haurs	R 24 HRS. Min.
100	. USUAL OCCUPATION during most of work	ing life, even if retired	dane 10b.	KIND OF BUSINESS OF	RINDUS			or foreign of			12. CI	TIZENO		OUNTRY?
13.	FATHER'S NAME	Carrier I				14. MOTHER'S								
	August				_		rgar	et Osc	he				19	
15. Ye	was deceased eve s. no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of	RCES? 16. Service)	SOCIAL SECURITY NO.		irs. Fran	ces	s. Kle	iber	Addr		erbi	rook	Road
Z	Canditions, if a gave rise to it cause (a), stating lying cause last.	The under-	2	POYON MUAL DONTRIBUTING TO DEA	PA TH BUT	Haff Description	CC elles THETERA	LUS, Tanco MINAL DISEAS	100 en Ul	1 Oese	EM IN PA	2/	SEL AND	ps:
CERTIFICATION												4	YES	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED). (Enter nature at	Injury in	Part I or Pai	rf II af iI	rem IB.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Doy, Ye	While at wark	Not while	20e. PLA foc	ACE OF INJURY (Fitory, street, office	lame, far bldg., et	m, 20f. (Cit	y ar taw	n)		(County)		(Stote)
	21. I certify the alive an	at I attended the	decease 194		death	accurred at	12.2	OM, from		auses an	d an th		e stated	eceased abave signed
220	BURIAL, CREMATIO	N, 22b. DATE THERE	OF	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCA	TION (C	ity, town, c	ar county)		(Stot	e)
	REMOVAL (Specify) Burial	July 21.	1960		gust	ine .				e. Pe				19
23.	FUNERAL DIRECTOR	1	,	ADDRESS			24a. REC	'D BY REGIS	TRAR	246. REGIS				
	Burgee Fu	neral/Home	+36	31 Falls Ro	oad		DATE	1 1 9 'E	0.	an	Chur &	Krai	p.A.	
		House	JE. 10	world	-									

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	een signed by the attending physician and completely filled in by the funeral directar,	ransit permit. Then please remave carbon papers. Pages 1 and 2 shauld be Titled with	within 72
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7690 **CERTIFICATE OF DEATH**

Reg. D	() 7 ist. No.	8	i	4
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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE		. If institution: b. COUNTY	Residence before Balto	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF		mits, write RURA	AL and give nec	arest town)
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION NICOMIUS ROAD	oddress)	Nicodemus	Road			e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First (Type or print) Daniel	Middle V	wheeler	4. DATE OF DEATH	July	16, 19	960 19
S. SEX Male 6. COLOR OR RACE White Widows	RIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct.16,1898	9. AG		UNDER 1 YEAR anths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) School bus driver 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	nd		12. CITIZEN OF	WHAT COUNTRY?
Daniel W. Wheeler			Jane Pereg	oy		
		rs. Hilda D.	Wheeler	Address Reis	terstow	vn, Md.
Canditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TER/	MINAL DISEASE CON	IDITION GIVEN	IN PART 1(o) 1	19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\) NO \(\)
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury is	Port I or Part II of	item 1B.)		
20c. TIME OF INJURY Month, Doy, Year 20d. In Hour o. m. 19 While at world	_ Not while _ C fo	ACE OF INJURY (Home, for ctory, street, office bldg., e		wn)	(Caunty)	(Stote)
21. I certify that I attended the decease alive on	and that death	M.D. Reist	ers to w	causes and control to the control to	an the date	w the deceased e stated abave. DATE SIGNED Told (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS terstown, Md.		c'd by registrar		AR'S SIGNATU	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF MORE 1, MARYLAND 7830

STATISTICAL	KESEAKCH	AND	CECOKE	72 —	PALI
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	PLACE OF DEATH COUNTY Baltimore			MAR	RYLAND	2. USUAL RESIDEN o. STATE Maryla		nere deceased	d lived. If in b. COI		on: Resider	nce befo	re admis	sion)
	b. CITY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO		outside corpo	rote limits, w	rile RL	JRAL ond	give nec	arest town	n)
	Fort Howa	· ·		83 Days		Baltin	nore		3	V	(1	- 4		
		AL (If not in hospital, g	ive street			d. STREET ADD	RESS						e. IS RES	SIDENCE
	Veterans /	Administrat	cion	Hospital		216 No	orth	Wolfe	Stree	et				FARM?
3.	NAME OF DECEASED	Fir	st	Middl	le	Last		4. DATE		Mont	h	Do	у	Yeor
	(Type or print)	ELLIS	3		-	WHITTE		DEATH		Jul	y	:	1	160
S.	SEX		7. MARI	RIED NEVER MARE	RIED 🔲	B. DATE OF BIRTH			9. AGE (In)	eors				ER 24 HRS.
	Male	Negro	WIDOW	ED DIVORC	ED 🔲	October 17	7, 19	913	46	yrs.	Months	Doys	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work on hing life, even if retired	ione 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLAC	E (Stote	or foreign co	ountry)		12. CIT	IZEN OF	WHAT	COUNTRY?
I	'ireman - I			autical (F	Port)	North	Car	olina			11.	S.	A .	
13.	FATHER'S NAME					14. MOTHER'S MA							***	
I	Ben Perry					Rosanna	Wil	son						
		IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	IFORMANT				Addr	ess			
	es (I	If yes, give war ar dates of so		18-10-2984	Clin	ical Rec.	.VAF	I.Balt	imorel	8.N	id .Ft.	. How	ard	Div.
z	Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	he under-	MET LYMI ENAL		PERIC	CARDIUM, MY	COCAL	RDIUM,	RIGHT	LUI	NG	U	NKNO	
CATION		ER SIGNIFICANT CON CHEXIA	מאסוווס	CONTRIBUTING TO D	EAIH BUI	NOT KELATED TO TH	HEIEKMI	NAL DISEASI	E CONDITIO	N GIV	EN IN PAR	(1 1(0) 1	PERFC	RMED?
CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of in	njury in f	Port I or Port	t II of item 1	3.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work								(Stote)					
	sow the decease	t (// (this hospital ed olive on Jul	-			April 9								
	22c. PHYSICIAN'S	les al	Us.	n,		ATTENDING	_ ME		STAFF PHYS.				7/	SIGNED
	NAME (Type)	HARLES ALLI	EN. M	I.D.			BALT	IMORE	18, M). ,I	FORT	HOWA	ARD I	DIV.
_	BURIAL, CREMATION REMOVAL (Specify) Arial			23c. NAME OF CEA				23d. LOCAT	MON (City, to	own, o		land	(Stot	te)
24.	FUNERAL DIRECTOR'S		,	ADDRESS		25		D BY REGIST		REGIS	TRAR'S SI	GNATU		
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Baltimore 17, Md.

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	DIVISION OF	STATISTICAL RESEARCH A	ND RECORDS — BALTI	MORE 1, MARYLAND	
	7831	CERTIFICA	TE OF DEATH		07816
1.	PLACE OF DEATH C. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (WH	b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If a	outside corporate limits, write R	URAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS	6 es.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) mma 9	White	Last	4. DATE OF DEATH	ly 10 1940
5.	1 11.1.	VED DIVORCED	B. DATE OF BIRTH 3/26/8	2 A A (In years lost birthday) yrs.	Months Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10th during most of working life even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Bowler	· ·	14. MOTHER'S MAIDEN N	/	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SPICIAL SECURITY NO. 17. IN	Melven .	D. White	ress
	PART I. DEATH (Enter only one cause per IMMEDIATE CAUSE (a) DUE TO	me for (a), (b), and (c).	lypistalie	Primmie	INTERVAL BETWEEN ONSET, AND DEATH
	Conditions, if any which gave rise to immediate cause (a), stating the under-	iabites Mel	letus	Misia C	20 Minis
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS	left demun	2/14	1/60	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of ihjury in	Mart I or Port II of item 1B.)	
MEDICAL	Hour o.m. While		ACE OF INJURY (Home, form ctory, street, office bldg., etc) 20f. (City or town)	(County) (State
	21. I certify that (I) (this hospital) atten	/.	///////////////////////////////////////	3	1960, that (I) (we) last
	saw the deceased alive an	19	ATTENDINGM	ED. STAFF PHYS.	nd an the date stated above. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) TOHNSON	/	3432	FREDERIKK	AUF 29

230. BURIAL, CREMATION, 23b. DATE THEREOF

23d. LOCATION (City, town, or county)

(Stote)

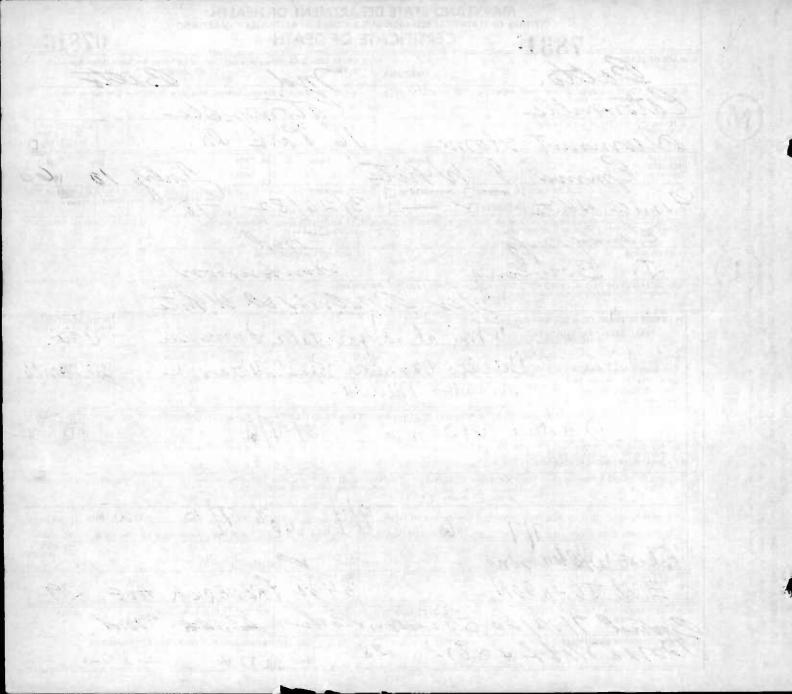
25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE arthur S. Kraus

PONEMAL DIRECTOR'S SIGNATURE

1 3 '60

VR A15 (4) 15M 9/59



TO HOSPI

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7691 CERTIFICATE OF DEATH

Reg. Dist. No. 817

1	PLACE OF DEATH	timore		MARY	LAND	2. USUAL RESIDEN O. STATE		ere decease	d lived. If institut b. COUNTY	_	al to		sion)
	b. CITY OR TOWN (If a RURAL and give near GIynd	autside carporote limi	s, write	c. LENGTH OF STAY		c. CITY OR TOV	VN (If o	wiside corpo	rote limits, write l			-	۱)
	d. NAME OF HOSPITAL OR INSTITUTION 14 Ames	(If not in hospital, g	ive street			d. STREET ADD		reet					FARM2
13	NAME OF DECEASED (Type or print)	Rebeco		Middle Jane		White		4. DATE OF DEATH	Ju	nth ly	5	/	Year 1960
	Female	White	WIDOW	RIED NEVER MARRI	D 🗆	B. DATE OF BIRTH July 30,		368	9. AGE (In years last birthdoy) 91 yrs.	Months	Days	Haurs .	Min.
1	Oa. USUAL OCCUPATION during most of warkin HOUSEW	I (Give kind af work of glife, even if retired)	lone 10b	. KIND OF BUSINESS C	R INDU	Virg	(State	or foreign o	ountry)		S.		COUNTRY?
)	3. FATHER'S NAME Th	nomas Mas	on			Julia			1440				
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of s	CES? 16	SOCIAL SECURITY NO		s. Mary	Ros	88,14		lace	,Gl	yndo	n, Md
	PART I. DEATH	WAS CAUSED BY:	C	ine far (o), (b), and (c).	•	art fail	ure				INTE	RVAL BE AND	DEATH
	Conditions, if ony gave rise to impose (a), stating the lying couse last.	mediote (A	rterioscl	.ero	tic C-V	Dis	ease				1 3	r.
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO											
- 1		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MERIODIE MINIER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
	alive on 7-3	21. I certify that I attended the deceased from 7-17-59, 19, ta 7-5-60, 19, that I last saw the deceased alive on 7-3-60, 19, and that death occurred at 7 A.M., from the causes and on the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. 6 Hanover Rd. PHYSICIAN'S D. D. Capillag M. D. Rejectors of town Md.											
7	20. BURIAL, CREMATION REMOVAL (Specify) BURIAL	7/8/60	F	22c. NAME OF CEM Baltimo		Cemetery		Ва	TION (City, tawn, ltimore	Mar		(Stot	e)
2	3. FUNERAL DIRECTOR'S	signature of	elle	ADDRESS			a. REC'I	D BY REGIST	RAR 24b. REG	istrar's si	GNATUE	-	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH MOOG

1833			
1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. o. STATE MARYLAND b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside carporate limits, we RURAL and give nacrest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL an	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION ADMINISTRAT	treet oddress) PION HOSPITAL	d. STREET ADDRESS 5607 LIBERTY HEIGHTS AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Served as: Aftier ALBERT	t Widdle W	ZIEMANN 4. DATE Month OF DEATH JULY	Day Year 29 19 60
	MARRIED A NEVER MARRIED DOWED DIVORCED		ER 1 YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDU	WOODLAWN, MARYLAND	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
August Ziemann		Emma Felgner	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give wor or dates of service) WW I		in.Rec.VAH Balto 18, Md Ft Howa	ard Division
and the second s		ESTINAL HEMORRHAGE KEMIA	INTERVAL BETWEEN ONSET AND DEATH I Week 14 months
TOATIO		f not related to the terminal disease condition given in P	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES MO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter noture of injury in Part I or Part II of item 18.)	
Hour a.m.	Not while twork at wark	ACE OF INJURY (Hame, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State
21. I certify that (A) (this haspital) at saw the deceased alive an Italy 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) WALTER J. PIC	291960, and that c		7/2976
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8 1-60	23c. NAME OF CEMETERY OF Baltimore Nat		y) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Harford Rd Balto	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S	

HARLED STAGESTED ASSIST A THE STATE OF THE SECOND SECO ASI CHANTE (MAINOR OF WILLIAMS) model while the most of a big the content between the content in t EN WO. SINKERIJ, COM COM COM CONTROL OF THE tonic of social in a language countries of A. A. V. The same of the same of the state of the same of the s